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ABSTRACT

This resource guide, which was developed during the Lifelong Career Development (LCD) Project, provides information and resources of interest to handicapped people, their families, professionals, and others concerned with disability-related issues. (Designed for implementation at the community college level, the LCD model provides a competency-based approach to meeting the career development needs of disabled persons and provides for a greater effort at networking or linking together services.) The guide is organized into five parts which are further subdivided into 35 chapters. Dealt with in the five parts are the following topics: general information on disabilities (career development, medical aspects, myths, attitudes, and instructional and counseling techniques); daily living skills; personal/social skills; vocational/occupational resources; and related resources (parents/family, advocacy, legislation, program funding, national organizations and resources, and bibliographies). In addition to containing general information on disabilities, the guide provides specific information on different disability groups, including handicapped general, cerebral palsy, epilepsy, hearing impairment, mental retardation, orthopedic handicaps, and visual impairment. (MN)

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ED218516

Lifelong Career Development For Individuals With Disabilities:

A Resource Guide

Cerebral Palsy
Epilepsy
Hearing
Mental
Orthopedic
Visual

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Department of Educational & Counseling Psychology
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University of Missouri-Columbia
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the U.S. Education Department, Special Education Programs

January 1982

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Editors note: The following abbreviations of the disability groups are used in the Resource Guide, and can be found on the upper right hand corner of the pages:

HG: Handicapped General
CP: Cerebral Palsy
EP: Epilepsy
HI: Hearing Impairment
MR: Mental Retardation
OH: Orthopedic Handicapped
VI: Visual Impairment

LIFELONG CAREER DEVELOPMENT FOR INDIVIDUALS WITH DISABILITIES:
A RESOURCE GUIDE

Editors

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Art Konar

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1982

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Lifelong Career Development (LCD) Project

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Information about the availability of additional copies of this or its companion document, LIFELONG CAREER DEVELOPMENT HANDBOOK: LINKING COMMUNITY SERVICES FOR DISABLED ADULTS (1982), can be obtained by writing the project's director, Dr. Donn E. Brolin, 16 Hill Hall University of Missouri-Columbia, Columbia, MO, 65211

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TABLE OF CONTENTS

Page

LIST OF FIGURES v

LIST OF TABLES v

ACKNOWLEDGEMENTS vii

FOREWORD ix

INTRODUCTION xi

USE OF THE GUIDE xvii

USE OF THE SUBJECT INDEX xxi

SUBJECT INDEX xxii

PART I: INFORMATION ON DISABILITIES

Chapter 1 Career Development 1

Chapter 2 Medical Aspects 15

Chapter 3 Myths 43

Chapter 4 Attitudes 61

Chapter 5 What Do You Do When 87

Chapter 6 Instructional Techniques 103

Chapter 7 Counseling Techniques 127

PART II: DAILY LIVING ASPECTS

Chapter 8 Daily Living Aspects 155

Chapter 9 Civic Affairs 185

Chapter 10 Family Living 187

Chapter 11 Financial Management 191

Chapter 12 Housing and Home Management 199

Chapter 13 Leisure and Recreation 209

Page

Chapter 14 Mobility 231

Chapter 15 Personal Hygiene and Grooming 255

Chapter 16 Sexuality 261

PART III: PERSONAL-SOCIAL SKILLS

Chapter 17 Personal-Social/General Information 273

Chapter 18 Communication Skills 301

Chapter 19 Interpersonal Skills 315

Chapter 20 Problem Solving 319

Chapter 21 Self-Concept/Awareness 321

PART IV: VOCATIONAL-OCCUPATIONAL RESOURCES

Chapter 22 Vocational-Occupational Aspects 327

Chapter 23 Career Opportunities and Decision Making 339

Chapter 24 Vocational Evaluation 347

Chapter 25 Vocational Training 361

Chapter 26 College and University Programs 367

Chapter 27 Adult and Continuing Education 381

Chapter 28 Work Adjustment 385

Chapter 29 Placement 389

PART V: RELATED RESOURCES

Chapter 30 Parents/Family 431

Chapter 31 Advocacy 445

Chapter 32 Legislation 459

Chapter 33 Program Funding 491

Chapter 34 National Organizations and Resources 497

Chapter 35 Bibliographies 541

LIST OF FIGURES

Page

Figure 1. LCD Conceptual Model xi

Figure 2. LCD Program Model xii

Figure 3. Format For Title Half-Sheets xviii

Figure 4. Format For Item Half-Sheets xix

LIST OF TABLES

Table 1. Career Development Competencies xv

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To those individuals whom I have neglected to mention, I offer my apologies. One final individual who needs recognition is our project officer, Melville J. Appell. Mel's constant support and encouragement to this new arena of endeavor will always be appreciated.

Donn E. Brolin, Project Director

FOREWORD

The evolution of work preparatory programs for the handicapped from their modest beginning in the years before the 1960's to full fledged Career Education efforts in the 1970's have been responses to well documented needs. Each was a pioneering effort in its time.

The Lifelong Career Development Project for the severely handicapped is such an exploratory venture in the 1980's. Just as there were few guidelines to follow in the preceding programs, it is from trial and error and the crucible of experience that guidelines will emerge from LCD.

A penetration has been made into the uncharted wilderness by this initial effort. What has been discovered is now being shared with those who glimpse the great need and the spendid possibilities from pursuing this work. It is presented not as a blueprint to be followed, but as a record of failures as well as successes that can be studied, learned from, extended and modified as the course becomes clearer and experiences proliferate.

It is but a beginning, but it forecasts a future of service and research fully as promising as the work-study and career-education ventures upon which LCD is built. As those programs did in the past, this venture is a fitting beginning for the era of the '80's in programming for adult handicapped persons.

Oliver P. Kolstoe, Ph.D.
University of Northern Colorado

Introduction

The Lifelong Career Development (LCD) Project for Disabled Persons was initiated and conducted during the period 1978-1981 at the University of Missouri-Columbia. The primary purpose of the project was to develop a comprehensive model that would provide persons with handicaps a more coordinated and continuous delivery of services at the local level. Although many different agencies exist for these individuals, research and expert opinion as well as the voices of people with handicaps themselves, indicate the need to better coordinate and collaborate these efforts for such consumers.

The community college was selected as the most appropriate field site to develop the prototype model. Community colleges offer many features of normalization and most states have a comprehensive network of community colleges available that reach all who need to use them. Four community colleges in the midwest were involved with the project during the course of the development.

The project focused on twenty-two (22) competencies for disabled adult which were identified and field-tested in one of our previous projects (project PRICE) as those which these individuals needed for successful career development.[1] In addition, the project scheme required the active participation of an LCD Team, composed of community college and agency/advocate members and led by a coordinator from the community college. As the project evolved, seven important and distinct roles were identified as important for this team to provide: career assessment, life-centered career development planning, information, advocacy, inservice training, instruction, and a collection of pertinent resources. Figure 1 depicts a conceptualization of the project's components with life-centered career development being the attainment of the necessary competencies for successful community living and working.

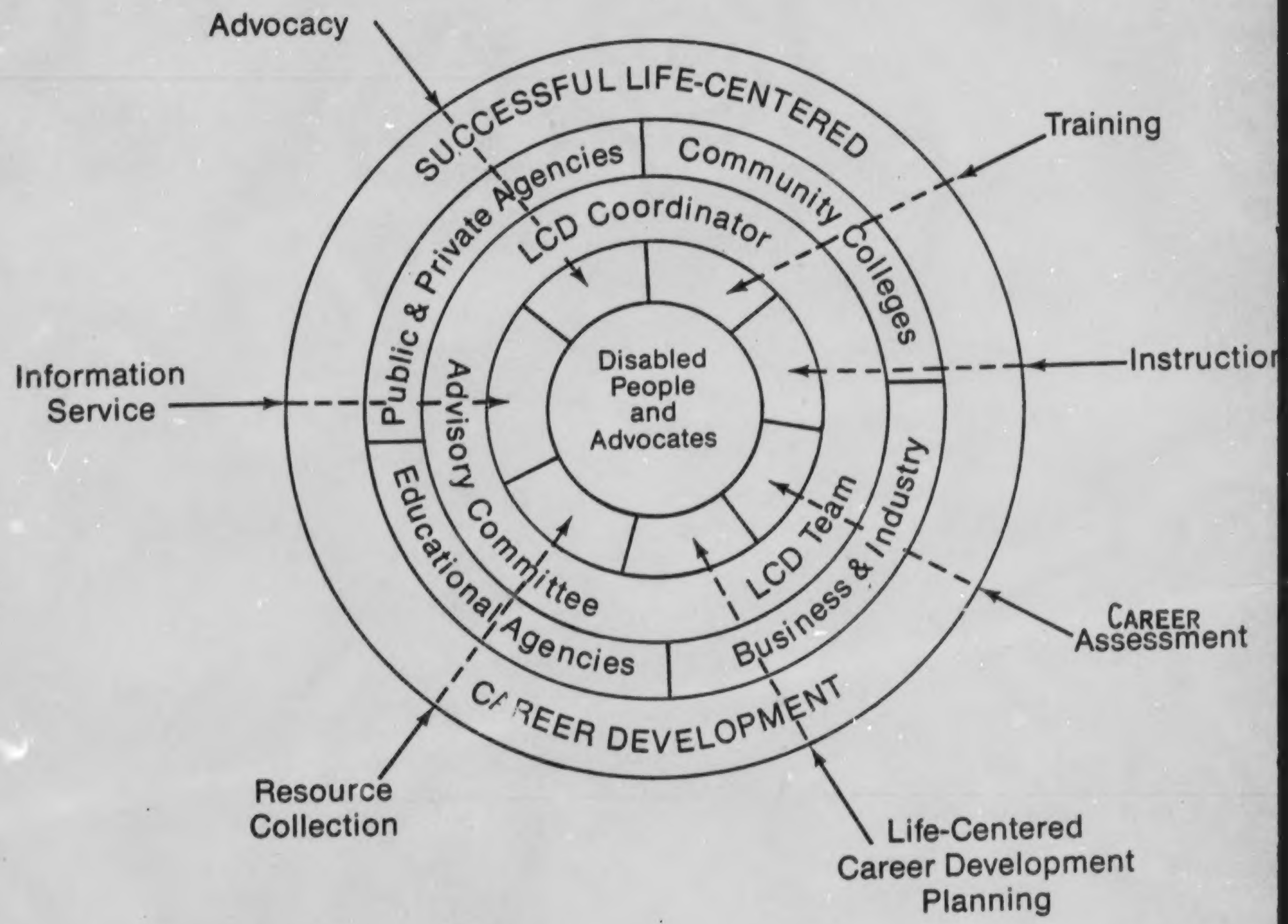
Figure 2 illustrates the process by which the LCD Team provides services to disabled individuals with the assistance of an advisory committee and community college and agency resources. Detailed explanations of the LCD model and its operation are contained in a supplementary project publication entitled LIFELONG CAREER DEVELOPMENT HANDBOOK: LINKING COMMUNITY SERVICES FOR DISABLED ADULTS. Basically, the LCD Program offers these unique features:

---

[1] Brolin, D.E. (ed) Life centered career education: A competency based approach. Reston, VA: Council for Exceptional Children, 1978.

FIGURE 1

LCD CONCEPTUAL MODEL

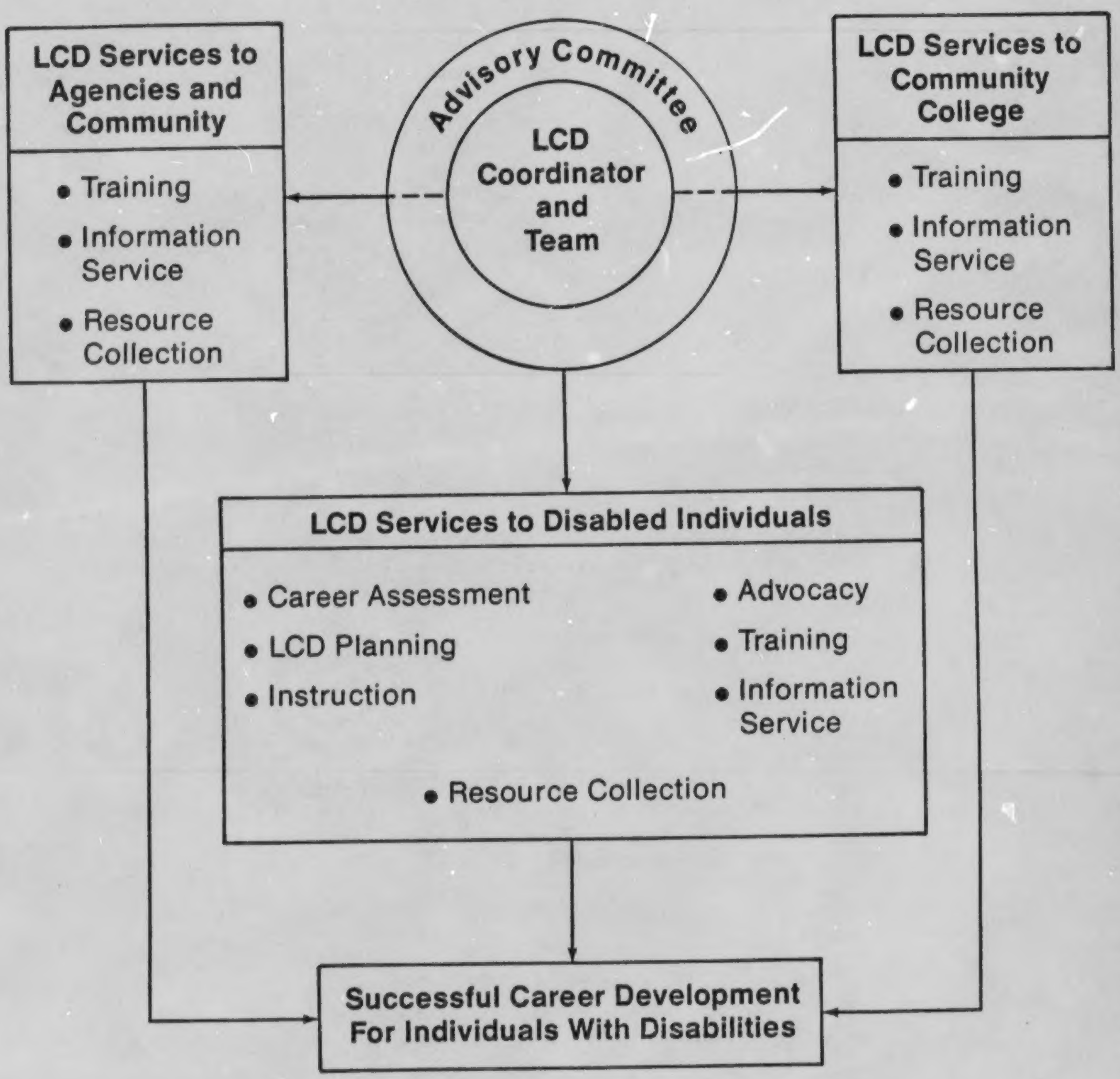

Advocacy
Training
Information Service
Instructio
CAREER Assessment
Resource Collection
Life-Centered Career Development Planning
SUCCESSFUL LIFE-CENTERED
CAREER DEVELOPMENT
Public & Private Agencies
Community Colleges
Business & Industry
Educational Agencies
LCD Coordinator
Advisory Committee
LCD Team
Disabled People and Advocates

Explanation of Model

- Disabled people and those concerned about their career development
- Who need one or more of the seven services identified above
- Which are coordinated by a LCD Coordinator, Team & Advisory Committee
- Who utilize various community resources so that
- Successful career development can be achieved.

FIGURE 2

LCD PROGRAM MODEL


LCD Services to Agencies and Community
• Training
• Information Service
• Resource Collection
Advisory Committee
LCD Coordinator and Team
LCD Services to Community College
• Training
• Information Service
• Resource Collection
LCD Services to Disabled Individuals
• Career Assessment
• LCD Planning
• Instruction
• Advocacy
• Training
• Information Service
• Resource Collection
Successful Career Development For Individuals With Disabilities

- A field tested, comprehensive model to meet the career development needs of disabled people and the needs of professionals who work with them including the areas of assessment and guidance, advocacy, training, information service.

- The model can be utilized by a variety of community service providers including community colleges, vocational schools, independent living programs, group homes, and other human service agencies.

- A method to assist community services in compliance with Section 504 of the Rehabilitation Act of 1973, the Federal and State mandate for interagency cooperation, and the growing challenge of reduced funding.

- The LCD Team and Advisory Committee that bring together the expertise, manpower, and resources of service providers and disabled adults.

- Incorporation of the competency based approach to career development, currently implemented in hundreds of school systems across the nation as a systematic approach to assessment and training for disabled individuals. (See Table 1)

- An LCD HANDBOOK that provides a detailed step-by-step guide to implementation of an LCD Program including "how to" information about program implementation and maintenance, inservice training modules, needs assessment and program evaluation instruments.

- Detailed modules for training the LCD Team and other community groups about topics related to career development of disabled people.

- A convenient record booklet for documenting each disabled participant's progress in the program including background information, pre- and post-assessment on the Life-Centered Competencies, and Individual Career Development Plan.

- An easy-to-update RESOURCE GUIDE (this publication) that provides a convenient system for presenting a wide range of local and national resources and information about disability.

This Resource Guide was developed by the Lifelong Career Development (LCD) Project staff to provide information and resources of interest to handicapped people, their families, professionals and others who are concerned with disability-related issues. The guide contains information that pertains to career development of handicapped people in general and information that specifically relates to the six different disability groups included in the LCD program. These six groups include: cerebral palsy, epilepsy, hearing impairment, mental retardation, orthopedic handicap and visual impairment.

Career development, as defined by the LCD program, includes the full range of life roles in the daily living, personal-social and vocational areas. As a result, the information contained in the guide reflects a wide range of topics.

Table 1

Career Development Competencies[1]

Curriculum Area	Competency
Daily Living skills	1. Manage Family Finances
	2. Select, Manage and Maintain a Home
	3. Care for Personal Needs
	4. Family Living and Raising Children
	5. Plan, Buy, and Prepare Food
	6. Buy and Care for Clothing
	7. Engage in Civic Activities
	8. Utilize Recreation and Leisure
	9. Get Around the Community (Mobility)
Personal-Social skills	10. Achieve Self-Awareness
	11. Acquire Self-Confidence
	12. Achieve Socially Responsible Behavior
	13. Maintain Good Interpersonal Relationships
	14. Achieve Independence and Interdependence
	15. Achieve Problem-Solving Skills
	16. Communicate Adequately with Others
Occupational Guidance and Preparation skills	17. Know and Explore Occupational Possibilities
	18. Select and Plan Occupational Choices
	19. Exhibit Appropriate Work Habits and Behaviors
	20. Physical-Manual Skills
	21. Obtain a Specific Occupational Skill
	22. Seek, Secure, and Maintain Employment

---

[1] Brolin, D. E. (ed) Life centered career education: A competency based approach. Reston, VA: Council for Exceptional Children, 1978.

We wish to emphasize that the Resource Guide is not and never will be a final, finished product. When we originally designed the guide, we chose an open format that allowed for easy updating. Multi-ring notebooks and half-sheet entries were chosen specifically because they permitted changes and additions to be made easily. However, both practical and economic reasons have necessitated the production of the guide in a bound edition. In order to continue to reflect current resources and information in the field, we strongly recommend that the user supplement the guide with his or her own notebook. Moreover, in the following section, we offer a "half-sheets" format for the accumulation and deletion of relevant resources.

We also encourage readers to participate in the updating process by communicating information about new local, state, or national resources to the person who is responsible for maintenance of the Resource Guide in the community. Likewise, as readers discover that certain materials have gone out of print or are no longer available, we encourage you to communicate this information as well.

The Resource Guide is designed to represent the full range of career development information about each of the six disability groups even though, in some sections, little information is included at this time. We took this approach so that information and resources can be included later as they become available in the field.

The field of disability-related information is growing and changing at an incredibly rapid pace. We welcome every contribution toward the goal of maintaining a useful and up-to-date guide to resources and information about disability.

Use of the Guide

We would like to familiarize the reader with the format and organization of the guide as well as "how-to" suggestions for its use. The Resource Guide is organized into five parts which are further subdivided into 35 chapters. The first part is on general information topics on the disabilities. Yet, within each of the seven chapters there is both general and specific information on the different disability groups. Moreover, the sequence of information remains constant for all chapters: Handicapped General (HG), Cerebral Palsy (CP), Epilepsy (Ep), Hearing Impairment (HI), Mental Retardation (MR), Orthopedic Handicap (OH), and Visual Impairment (VI). Each chapter is a review on the topic, followed by additional resources and references.

Parts two-four encapsulate chapters eight through twenty-nine. These parts are on the three domains of career development: daily living, personal-social, and occupational guidance and preparation. Each part begins with a chapter that is general to the domain, and is followed by specific-topic chapters. The sequence within the chapters is identical to part one.

Finally, part five has six chapters on related resources. These include topics on parents/family, legislation, program funding, advocacy, national organizations, and a bibliography. We have attempted to include information that is contemporary up-to-date of printing.

This brings to note a major revision in the format of the guide. As was mentioned in the introduction, the guide was originally designed in an open-notebook form. Yet, due to pragmatic reasons, this bound form is necessary. Thus, added responsibility is thrust upon users of the guide. Unfortunately, if readers do not keep up a separate individual notebook then the Resource Guide will quickly become obsolete. However, if the user is willing to update, we believe this guide can be a truly valuable resource. One method of adding resources that we recommend is the use of item and title half sheets. This simple classification scheme allows a person to keep many of the titles-items clearly in view as he/she flips through their notebook. Figures 3 and 4 give examples of the half sheets.

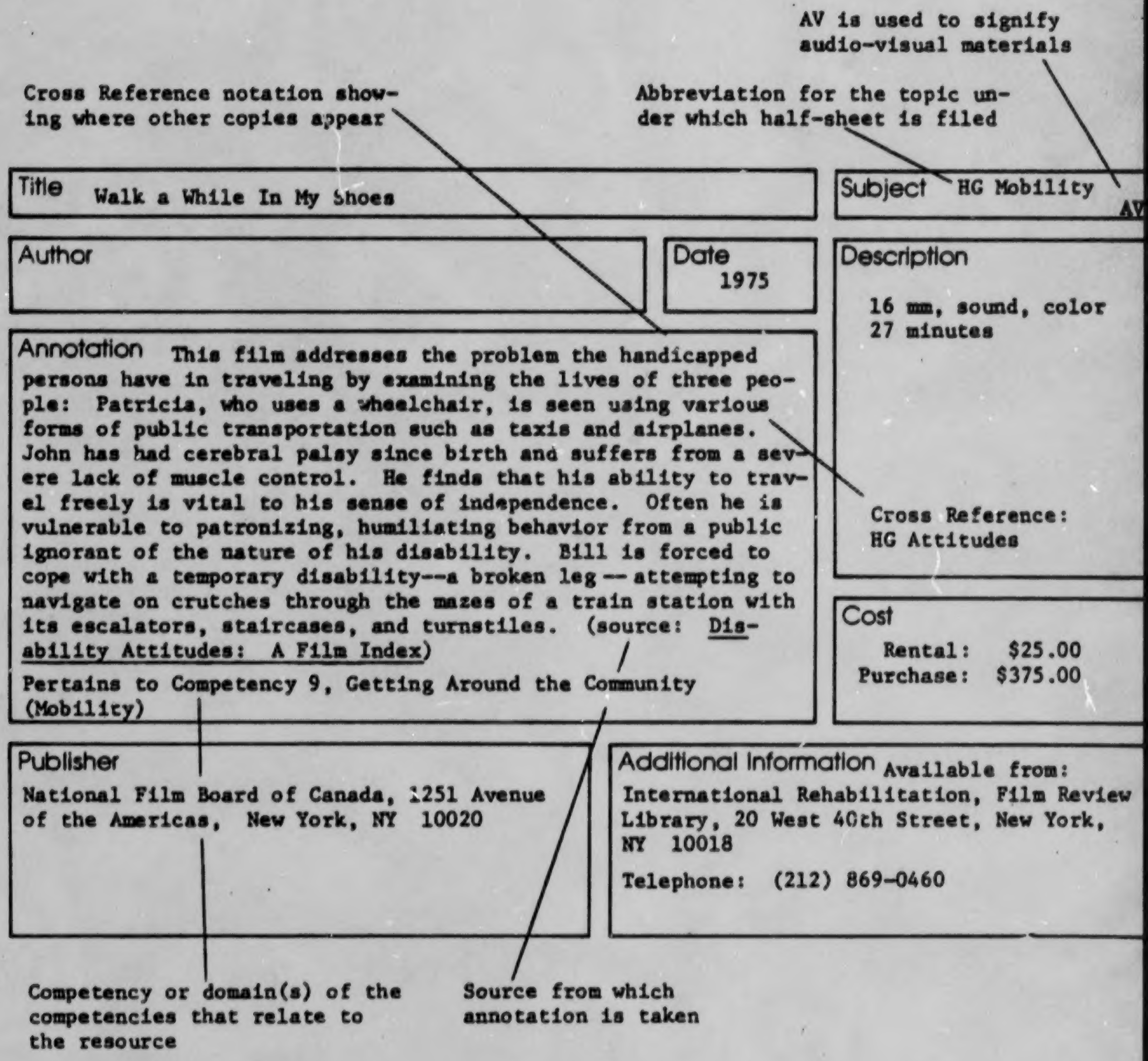
Two related facts are important to note. First, the Resource Guide used to have a considerable larger number of references. Second, there used to be many more cross references. Unfortunately, we had to edit both of these out for printing purposes. However, any and all of these deletions can be remedied by the user of the guide if he or she follows one basic principle: USE THE GUIDE IN AN ACTIVE MANNER--AND ON WHATEVER RESOURCE IS USEFUL TO YOU.

Used in this fashion, the readers will have a perpetually comprehensive Resource Guide.

Figure 3

Format for Title Half-Sheets

Used to list books, pamphlets, workbooks, kits, films, audio-tapes, slide-tapes and similar materials



AV is used to signify audio-visual materials

Cross Reference notation showing where other copies appear

Abbreviation for the topic under which half-sheet is filed

Title Walk a While In My Shoes	Subject HG Mobility AV
Author	Date 1975
Annotation This film addresses the problem the handicapped persons have in traveling by examining the lives of three people: Patricia, who uses a wheelchair, is seen using various forms of public transportation such as taxis and airplanes. John has had cerebral palsy since birth and suffers from a severe lack of muscle control. He finds that his ability to travel freely is vital to his sense of independence. Often he is vulnerable to patronizing, humiliating behavior from a public ignorant of the nature of his disability. Bill is forced to cope with a temporary disability--a broken leg -- attempting to navigate on crutches through the mazes of a train station with its escalators, staircases, and turnstiles. (source: Disability Attitudes: A Film Index) Pertains to Competency 9, Getting Around the Community (Mobility)	Description 16 mm, sound, color 27 minutes Cross Reference: HG Attitudes
	Cost Rental: $25.00 Purchase: $375.00
Publisher National Film Board of Canada, 1251 Avenue of the Americas, New York, NY 10020	Additional Information Available from: International Rehabilitation, Film Review Library, 20 West 40th Street, New York, NY 10018 Telephone: (212) 869-0460

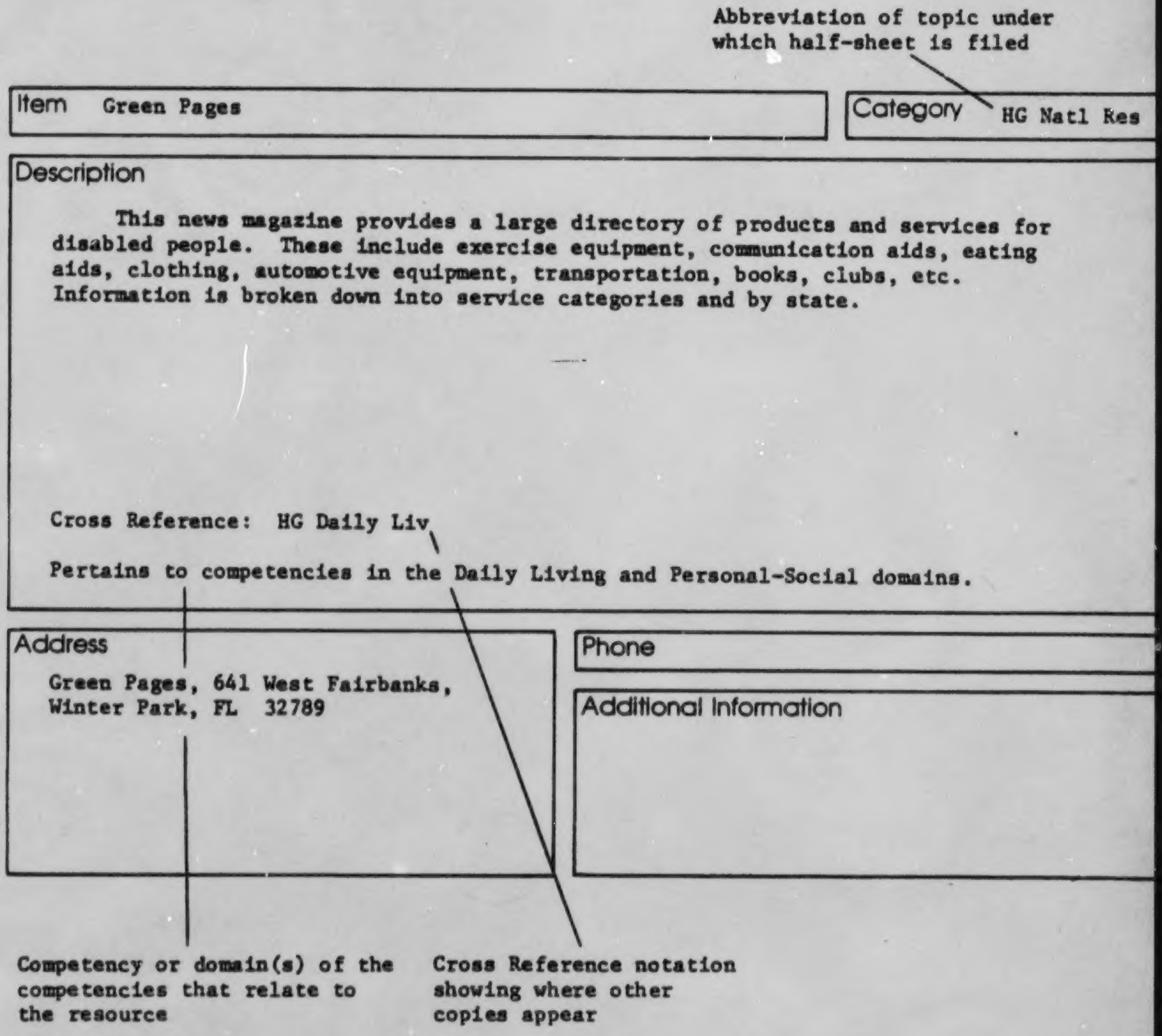
Competency or domain(s) of the competencies that relate to the resource

Source from which annotation is taken

Figure 4

Format for Item Half-Sheets

Used to list organizations, agencies, services, assessment instruments, ongoing publications and similar items



Abbreviation of topic under which half-sheet is filed

Item Green Pages

Category HG Natl Res

Description

This news magazine provides a large directory of products and services for disabled people. These include exercise equipment, communication aids, eating aids, clothing, automotive equipment, transportation, books, clubs, etc. Information is broken down into service categories and by state.

Cross Reference: HG Daily Liv

Pertains to competencies in the Daily Living and Personal-Social domains.

Address

Green Pages, 641 West Fairbanks,
Winter Park, FL 32789

Phone

Additional Information

Competency or domain(s) of the competencies that relate to the resource

Cross Reference notation showing where other copies appear

Use of Subject Index

The Subject Index gives the reader quidelines as to where certain topics can be found in the Resource Guide. In using the guide, readers are encouraged to consult the pages designated on the Handicapped/ General in conjunction with the pages on specific disabilities. In many cases, the information labeled Handicapped/General has relevance for specific disability groups.

The following example illustrates the arrangement of the Resource Guide and use of the Subject Index. For example, to find information about transportation for handicapped people in general, locate Part 2, Chapter 14, labeled "Mobility." To locate information about transportation for people with orthopedic handicaps, locate the pages within the Mobility section that have the OH notation in the upper right corner.

The term transportation is listed in the subject index in the following manner:

TRANSPORTATION, ACCESSIBILITY OF
    See Mobility, Part 2, Chapter 14

In this example, once you've located the Mobility section in Part 2, look for page(s) with OH Mobility designated in the upper right hand corner. The same procedure can be followed to locate this information for each of the other disabilities.

Subject Index

ACCESSIBILITY
    See Mobility, Part 2, Chapter 14

ADULT & CONTINUING EDUCATION
    Part 4, Chapter 27

ADVOCACY
    Part 5, Chapter 31

AIDS, ADAPTIVE
    Information about adaptive aids is listed according to the purposes served. Example: for adaptive aids to assist with activities related to daily living, see (General/Information/Daily Living) Part 2, Chapter 8.

ARCHITECTURAL BARRIERS
    Part 2, Chapter 14

ASSESSMENT
    Information about assessment or evaluation of skills is listed under the specific skill areas. Example: for assessment techniques to evaluate daily living skills, see (General Information/Daily Living) Part 2, Chapter 8.

ATTITUDES
    Part 1, Chapter 4

AWARENESS BUILDING
    See Attitudes, Part 1, Chapter 4

BIBLIOGRAPHIES
    Bibliographies are listed according to the topic covered.

BLINDNESS
    See Visual Impairment. Information on Visual Impairment is included in all Parts of the Resource Guide. The VI notation appears in the upper right corner of the page.

BUDGETING PERSONAL INCOME
    See Financial Management, Part 2, Chapter 11

CAREER AWARENESS AND EXPLORATION TECHNIQUES
    See Career Opportunities & Decision Making, Part 4, Chapter 23

CAREER DECISION MAKING
    See Career Opportunities & Decision Making, Part 4, Chapter 23

CAREER DEVELOPMENT
    Part 1, Chapter 1

CAREER EDUCATION
    See Career Development, Part 1, Chapter 1

CAREER OPPORTUNITIES
    Part 4, Chapter 22

CEREBRAL PALSY
    Information on Cerebral Palsy is included in all Part of the Resource Guide. The CP notation appears in the upper right corner of the page.

CETA
    See Legislation, Part 5, Chapter 32

CHILD CARE
    See Family Living, Part 2, Chapter 10

CHILD CARE, FOR DISABLED PARENTS
    See Family Living, Part 2, Chapter 10

CHILD CARE, OF A DISABLED CHILD
    See Parents/Family, Part 5, Chapter 30

CITIZENSHIP
    See Civic Affairs, Part 2, Chapter 9

CLOTHING, SELECTION AND CARE OF
    See Personal Hygiene & Grooming, Part 2, Chapter 15

COLLEGE & UNIVERSITY PROGRAMS
    Part 4, Chapter 26

COLLEGE FOR LIVING PROGRAMS
    Adult & Continuing Education, Part 4, Chapter 27

COMMUNICATION
    See Communication Skills, Part 3, Chapter 18. This section includes information about adaptive communication aids, equipment, and techniques. For information about interpersonal communication, see Interpersonal Skills, Part 3, 1a, Chapter 3.

COMMUNITY COLLEGE PROGRAMS
    See College and University Programs, Part 4, Chapter 26

CONTINUING EDUCATION
    See Adult & Continuing Education, Part 4, Chapter 27

CONVULSIVE DISORDERS
    See pages with Ep notation in Medical Aspects, Part 1, Chapter 2

COMPETENCIES, LIST OF 22 LIFE-CENTERED
    See Career Development, Part 1, Chapter 1

CONTRACEPTION
See Sexuality, Part 2, Chapter 16

COUNSELING TECHNIQUES
Part 1, Chapter 7

COURT CASES
See Legislation, Part 5, Chapter 32

DAILY LIVING ASPECTS
Part 2. Information concerning the general area of daily living skills in included in the Part: Daily Living Aspects. This section consists of the following Chapters:

- Civic Affairs
- Family Living
- Financial Management
- Housing
- Home Management
- Leisure and Recreation
- Mobility
- Personal Hygiene and Grooming
- Sexuality

DEAFNESS
Information on Hearing Impairment is included in all Parts of the Resource Guide. The HI notation appears in the upper right corner of the page.

DECISION MAKING, CAREER
See Career Opportunities and Decision Making, Part 4, Chapter 23

DEVELOPMENTAL DISABILITY, DEFINITION OF
See Medical Aspects, Part 1, Chapter 2

DIET
See Housing & Home Management, Part 2, Chapter 12

DRESSING SKILLS
See Personal Hygiene & Grooming, Part 2, Chapter 15

DRIVER EDUCATION
See Mobility, Part 2, Chapter 14

EATING SKILLS
See Housing & Home Management, Part 2, Chapter 12

EMOTIONAL DEVELOPMENT
See General Information/Personal Social, Part 3, Chapter 17

EMPLOYER ATTITUDES
See Placement, Part 4, Chapter 29

EMPLOYMENT OPPORTUNITIES
See Part 4, Chapter 29
See also Career Opportunities & Decision Making, Part 4, Chapter 23

EPILEPSY
Information on Epilepsy is included in all Parts of the Resource Guide. The Ep notation appears in the upper right corner of the page.

EQUIPMENT, ADAPTIVE
Information about adaptive equipment is listed according to the equipment's purpose. Example: for adaptive aids to assist with activities related to daily living, see General Information/Daily Living, Part 2, Chapter 8.

EVALUATION
Information about evaluation or assessment skills is listed under the specific skill areas. For example: for techniques to evaluate daily living skills, see General Information/Daily Living, Part 2, Chapter 8.
See also Vocational Evaluation, Part 4, Chapter 24

FAMILY LIVING, ADJUSTMENT TO & TRAINING OF HANDICAPPED FAMILY MEMBER
See Parents/Family, Part 5

FAMILY LIVING, FOR DISABLED PEOPLE
See Family Living, Part 2, Chapter 10

FAMILY, OF A DISABLED PERSON
See Parents/Family, Part 5, Chapter 30

FINANCIAL MANAGEMENT
Part 2, Chapter 11

FIRST AID
See Housing & Home Management, Part 2, Chapter 12

FIRST AID FOR SEIZURES
See pages with Ep notation in What Do You Do When . . ., Part 1, Chapter 5

FOOD, PURCHASE & PREPARATION
See Housing & Home Management, Part 2, Chapter 12

FUNDING
See Part 5, Chapter 33

GRANT WRITING
See Part 5, Chapter 33

GROOMING
See Personal Hygiene & Grooming, Part 2, Chapter 15

HANDICAPPED/GENERAL
Information on Handicapped/General is included in all Parts of the Resource Guide. The HG notation appears in the upper right corner of the page.

HEALTH CARE, GENERAL
See Personal Hygiene & Grooming, Part 2, Chapter 15

HEALTH CARE, RELATED TO DISABILITY
See Medical Aspects, Part 1, Chapter 2

HEARING IMPAIRMENT
Information on Hearing Impairment is included in all Parts of the Resource Guide. The HI notation appears in the upper right corner of the page.

HEMIPLEGIA
See Orthopedic Handicap. Information on Orthopedic Handicap is included in all Parts of the Resource Guide. The OH notation appears in the upper right corner of the page.

HOME MANAGEMENT
See Housing & Home Management, Part 2, Chapter 12

HOUSING
See Housing & Home Management, Part 2, Chapter 12

HOUSING & HOME MANAGEMENT
Part 2, Chapter 12

HYGIENE
See Personal Hygiene & Grooming, Part 2, Chapter 15

INCOME SOURCES
See Financial Management, Part 2, Chapter 11

INDEPENDENT LIVING PROGRAMS
See General Information/Daily Living, Part 2, Chapter 8

INDEPENDENT LIVING SKILLS
See General Information/Daily Living, Part 2, Chapter 8

INSTRUCTIONAL EQUIPMENT
See Instructional Techniques, Part 2, Chapter 6

INSTRUCTIONAL EQUIPMENT
Part 2, Chapter 6

INTERPERSONAL SKILLS
Part 3, Chapter 19

JOB DEVELOPMENT
See Placement, Part 4, Chapter 29

JOB OPPORTUNITIES
See Part 4, Chapter 29
See also Career Opportunities & Decision Making Part 4, Chapter 23

JOB RESTRUCTURING
See Placement, Part 4, Chapter 29

JOB SEEKING SKILLS
See Placement, Part 4, Chapter 29

JOB TASK ANALYSIS
    See Placement, Part 4, Chapter 29

KITCHEN SKILLS
    See Housing & Home Management, Part 2, Chapter 12

LEGAL RIGHTS
    See Legislation, Part 5, Chapter 32
    See also Advocacy, Part 5, Chapter 31

LEGISLATION
    Part 5, Chapter 31

LEISURE & RECREATION
    Part 2, Chapter 13

LIFELONG CAREER DEVELOPMENT PROJECT
    See Career Development, Part 1, Chapter 1
    See also Introduction and Use of the Guide, Part 1

LITIGATION
    See Legislation, Part 5, Chapter 32

MEAL PREPARATION
    See Housing & Home Management, Part 2, Chapter 12

MEDICAL ASPECTS
    Part 1, Chapter 2

MEDICAL CARE, GENERAL
    See Personal Hygiene & Grooming, Part 2, Chapter 15

MEDICAL CARE, RELATED TO DISABILITY
    See Medical Aspects, Part 1, Chapter 2

MENTAL RETARDATION
    Information on Mental Retardation is included in all Parts of the Resource Guide. The MR notation appears in the upper right corner of the page.

MOBILITY
    Part 2, Chapter 14

MYTHS
    Part 1, Chapter 3

NATIONAL ORGANIZATIONS & RESOURCES
    Part 2, Chapter 34

NUTRITION
    See Housing & Home Management, Part 2, Chapter 12

OCCUPATIONAL INFORMATION
    See General Information/Vocational, Part 4, Chapter 22

ORTHOPEDIC HANDICAP
    Information on Orthopedic Handicap is included in all Parts of the Resource Guide. The OH notation appears in the upper right corner of the page.

PARAPLEGIA
    See Orthopedic Handicap. Information on Orthopedic Handicap is included in all Parts of the Resource Guide. The OH notation appears in the upper right corner.

PARENTHOOD, FOR DISABLED PEOPLE
    See Family Living, Part 2, Chapter 10

PARENTHOOD, OF A DISABLED CHILD
    See Parents/Family, Part 5, Chapter 30

PARENTS/FAMILY
    Part 5, Chapter 30

PERSONAL HYGIENE
    See Personal Hygiene & Grooming, Part 2, Chapter 15

PERSONAL HYGIENE & GROOMING
    Part 2, Chapter 15

PERSONAL-SOCIAL ASPECTS
    Part 3, Information concerning the general area of personal-social skills is included in the Part: Personal-Social Aspects. This section consists of the following Chapters:

        Communication Skills
        Interpersonal Skills
        Problem Solving
        Self-Concept/Awareness

PLACEMENT
    Part 4, Chapter 29

PROBLEM SOLVING
    Part 3, Chapter 20

PROGRAM FUNDING
    Part 5, Chapter 33

PUBLIC RELATIONS
    See Attitudes, Part 1, Chapter 4

QUADRAPLEGIA
    See Orthopedic Handicap. Information on Orthopedic Handicap is included in all Parts of the Resource Guide. The OH notation appears in the upper right corner.

RECREATION
See Leisure & Recreation, Part 2, Chapter 13

RESUME WRITING
See Placement, Part 4, Chapter 29

RETARDATION
Information on Mental Retardation is included in all Parts of the Resource Guide. The MR notation appears in the upper right corner of the page.

SAFETY
See Housing & Home Management, Part 1, Chapter 12

SELF-CONCEPT/AWARENESS
Part 3, Chapter 21

SELF-CONFIDENCE
See Self-Concept/Awareness, Part 3, Chapter 21

SENSITIVITY TRAINING
See Attitudes, Part 1, Chapter 4

SEWING TECHNIQUES
See Personal Hygiene & Grooming, Part 2, Chapter 15

SEXUALITY
Part 2, Chapter 16

SHELTERED EMPLOYMENT
See Placement, Part 4, Chapter 29

SOCIAL SECURITY BENEFITS
See Legislation, Part 5, Chapter 32
See also Financial Management, Part 2, Chapter 11

TEACHING TECHNIQUES
See Instructional Techniques, Part 1, Chapter 6

TOILETING, ADULTS
See Personal Hygiene & Grooming, Part 2, Chapter 15

TOILETING, CHILDREN
See Parents/Family, Part 5, Chapter 30

TRANSPORTATION, ACCESSIBILITY OF
See Mobility, Part 2, Chapter 14

TRAVEL, RECREATIONAL
See Leisure & Recreation, Part 2, Chapter 13

TRAVEL, ADAPTIVE MOBILITY
See Mobility, Part 2, Chapter 14

VISUAL IMPAIRMENT
Information on Visual Impairment is included in all Parts of the Resource Guide. The VI notation appears in the upper right corner of the page.

VOCATIONAL EVALUATION & TESTING
See Vocational Evaluation, Part 4, Chapter 24

VOCATIONAL-OCCUPATIONAL ASPECTS
Information concerning the general area of vocational-occupational skills is included in the Part: Vocational-Occupational Aspects. This section consists of the following Chapters:

Career Opportunities & Decision Making
Vocational Evaluation
Vocational Training
College & University Programs
Adult & Continuing Education
Work Adjustment
Placement

VOCATIONAL REHABILITATION
Information concerning Vocational Rehabilitation can be found under all Chapters in Vocational-Occupational Aspects, Part 4

VOCATIONAL TRAINING
Part 4, Chapter 25

VOTING
See Civic Affairs, Part 2, Chapter 9

WHAT DO YOU DO WHEN . . .
Part 1, Chapter 5
This includes suggestions and techniques that facilitate interactions between non-disabled and disabled people.

WORK ADJUSTMENT
Part 4, Chapter 28

WORK STUDY
See Work Adjustment, Part 4, Chapter 29

ZONING
See Housing & Home Management, Part 2, Chapter 12

PART I

INFORMATION ON DISABILITIES

CHAPTER 1

Career Development

Career development is generally defined as a series of life stages through which the individual progresses. Within each stage are developmental tasks or skills which must be mastered to achieve adequate career development (Ginzberg, Ginsburg, Axelrad & Herma, 1951; Super, 1957). The term "career," as used in the Lifelong Career Development Project and the Resource Guide, is defined in its broadest sense to include all life roles, not just the work role. It refers to one's role as a worker, learner, consumer, citizen, family member, and social-political being (Brolin, 1978; Gordon, 1973). Brolin's (1978) three-part career education model recognizes the crucial importance of these different areas of experience. According to this model, learning experiences are organized into three domains: daily living, personal-social, and occupational guidance and preparation. Within each of these domains are individual competencies which the learner must master to achieve levels of adequate functioning. Individual competencies include skills such as caring for personal needs, utilizing recreation and leisure time, getting around the community (mobility), achieving self-awareness, achieving good interpersonal skills, knowing and exploring occupational possibilities, and obtaining a specific occupational skill. Provision of these learning experiences in a systematic way ensures that the person with a severe disability has the opportunity to accomplish developmental tasks vital to adequate career development.

Research indicates that people with handicaps often have difficulties due to lack of systematic exposure to necessary learning experiences, particularly in the areas of personal-social and daily living skills (Appell, 1977; Brolin, 1972; Flanagan & Schoepke, 1979; Sprafkin, Gershaw & Goldstein, 1978; Wilkinson, 1975). In many cases, these individuals have not been adequately prepared to function in the full array of life roles.

The following account poignantly illustrates the discrepancy that can exist between vocational adjustment and other independent functioning. A severely handicapped woman had maintained successful administrative employment for some fifteen years. However, having lived at home and received care from her parents for more than thirty years, she failed to develop functional independent daily living and personal-social skills. When both parents suddenly became debilitated and could no longer care for her needs, she was unable to care for herself adequately. She had never learned to bathe, dress herself, cook, shop, or perform any household chores. In addition, her parents had not encouraged her to make friends because they felt they could fill the roles of friends and companions. She had been adequately prepared to function in the life roles as learner and worker, as evidenced by completing a graduate degree and earning more than $20,000 per year, yet she never developed the self-management coping skills needed to make a total life adjustment. These skills had to be learned painfully at an age when most adults are relatively comfortable in an independent living situation.

Development of successful, integrative approach to career development will require the effective use of school resources, community participation, family involvement and increased public awareness. Schools can systematically provide experiences especially geared to teach the life-centered competencies to individuals with various disabilities. It is essential that colleges and university training programs adequately prepare teachers and school personnel to implement career development programs from preschool through post-secondary. Schools can also become involved in the development and validation of much needed measures for assessment or career development.

Adult, community and continuing education programs are unique settings in which to provide educational and personal enrichment opportunities for disabled adults. Also, non-residential independent living centers in the community offer an array of services for the evaluation and development of independent living skills. The business and industry sector of the community can be a valuable source of "hands on" training experiences as well as jobs for disabled persons. Organizations, agencies and individuals in the community are also valuable resources.

Family members -- whether parents, siblings or spouses -- can have significant impact on the career development of handicapped relatives. By encouraging independence and providing learning opportunities to their disabled relative, family members can reinforce school and agency personnels' efforts to improve the disabled person's life skills.

References

Appell, M. Some policies and practices in the federal sector concerning career education for the handicapped. Journal of Career Education, 1977, 3 (3), 75-91.

Brolin, D. E. Value of rehabilitation services and correlates of vocational success with the mentally retarded. American Association on Mental Deficiency, 1972, 76, 644-651.

Brolin, D. E. (Ed.) Life centered career education: A competency based approach. Reston, VA: The Council for Exceptional Children, 1978.

Flanagan, W. M., and Schoepke, J. M. Lifelong learning and career development needs of the severely handicapped (Lifelong Career Development Project, Working Paper 1). Columbia, MO: University of Missouri, 1978.

Ginzberg, E., Ginsburg, S. W., Axelrad, S., and Herma, J. L. Occupational choice: An approach to a general theory. New York: Columbia University Press, 1951.

Gordon, E. W. Broadening the concept of career education. In L. McClure and C. Buan (Eds.), Essays on career education. Portland, OR: Northwest Regional Educational Laboratory, 1973.

Sprafkin, R. P., Gershaw, N. J., and Goldstein, A. P. Teaching interpersonal skills to psychiatric outpatients: Using structured learning therapy in a community-based setting. Journal of Rehabilitation, 1978, 44 (2), 26-29.

Super, D. E. The psychology of careers. New York: Harper & Row, 1957.

Wilkinson, M. W. Leisure: An alternative to the meaning of work. Journal of Applied Rehabilitation Counseling, 1975, 6 (2), 73-77.

CAREER DEVELOPMENT COMPETENCIES[1]

Daily Living Domain

1. Manage Family Finances
    1. Identify various forms of money
    2. Count money and make change
    3. Make appropriate investments such as insurance, savings, property
    4. Obtain and use bank and credit facilities
    5. Keep financial records
    6. Spend within a budget
    7. Calculate and pay taxes
    8. Begin planning for retirement
2. Select, Manage and Maintain a Home
    9. Select adequate housing for self and/or family
    10. Maintain the inside of a home (cleaning, repairs, and decorating)
    11. Use basic appliances and tools
    12. Maintain the outside of a home
3. Care for Personal Needs
    13. Choose clothing appropriate for season and the occasion
    14. Take care of personal hygiene needs
    15. Explain the relationship of physical fitness, nutrition, and weight
    16. Explain illness prevention and treatment methods
    17. Describe physical characteristics for one's age group
    18. Describe psychological characteristics for one's age group
4. Family Living and Raising Children
    19. Practice (when desired) effective methods of contraception
    20. Respond to needs of spouse and children
    21. Explain how to care for a child's physical needs before and after birth
    22. Provide a safe environment for child(ren) by observing safety principles
    23. Adjust to changing circumstances in family (divorce, death, etc.)
5. Plan, Buy, and Prepare Food
    24. Plan balanced meals for both his/her and family needs
    25. Purchase food within budget according to planned meals
    26. Prepare food using appliances and utensils needed
    27. Clean up kitchen after meal preparation
    28. Store food based on properties of food (perishable vs. canned foods)
6. Buy and Care for Clothing
    29. Purchase clothing for self and family
    30. Launder washable clothing and send others to dry cleaners
    31. Iron and put away clothing
    32. Sew on buttons and do simple mending
    33. Do simple alterations on one's clothes
7. Engage in Civic Activities
    34. Know basic laws and penalties for breaking the law
    35. Know citizenship rights and responsibilities
    36. Know how to register and to vote
    37. Know what to do when stopped by a policeman - rights and responsibilities
    38. Know environmental/conservation issues
8. Utilize Recreation and Leisure
    39. Participate in group activities
    40. Know activities and resources available
    41. Understand value of recreation
    42. Use recreational facilities in the community
    43. Plan and choose activities according to interests
    44. Plan vacations according to one's capabilities and time restrictions
    45. Demonstrate good sportsmanship
9. Get Around the Community (Mobility)
    46. Know traffic rules and safety principles
    47. Use various means of public transportation
    48. Drive a car, motorcycle or ride a bicycle

CAREER DEVELOPMENT COMPETENCIES

Personal-Social Domain

10. Achieve Self-Awareness

  49. Know physical strengths and limits
  50. Identify his/her interests and abilities
  51. Recognize emotions in self and others
  52. Identify his/her needs
  53. Develop inner control as opposed to external or other control
  54. Use his/her strengths to provide for others' needs (spouse, children)
  55. Know his/her values
  56. Recognize his/her own aging process and eventual death

11. Acquire Self-Confidence

  57. Feel worthwhile when he/she thinks about self
  58. Know what others see in him/her
  59. Accept praise
  60. Accept criticism
  61. Believe in self
  62. Have a life plan

12. Achieve Socially Responsible Behavior

  63. Know rules and expectations of society
  64. Behave in public in manner that does not cause problems for self
  65. Demonstrate respect for rights of others
  66. Know how to act in various roles he/she plays (spouse, worker, etc.)

13. Maintain Good Interpersonal Relationships

  67. Listen and respond to others attentively
  68. Make and maintain friendships with various kinds of people
  69. Know sex role behavior
  70. Possess a close sharing relationship with one or more persons

14. Achieve Independence and Interdependence

  71. Understand the impact of his/her behavior on others
  72. Take charge of his/her own life
  73. Accept responsibility for meeting goals
  74. Strive to reach his/her potential
  75. Respect the needs of parents, spouse, children and close friends
  76. Consider others' needs when meeting his/her own

15. Achieve Problem-Solving Skills

  77. Identify bi-polar concepts such as good-bad
  78. Understand the need for goals
  79. Consider alternatives
  80. Anticipate consequences of one's actions
  81. Know where to find good advice
  82. Make plans for future events (education of self and children, etc.)

16. Communicate Adequately with Others

  83. Recognize emergency situations
  84. Read at level needed for future goals
  85. Write at level needed for future goals
  86. Speak, gesture or use other methods so others communicate with him/her
  87. Understand the subtleties of communication
  88. Know how and where to locate needed information
  89. Assist family in learning to communicate feelings and meanings

CAREER DEVELOPMENT COMPETENCIES

Occupational Guidance and Preparation Domain

17. Know and Explore Occupational Possibilities
    - 90. Identify personal values met through work
    - 91. Identify societal values met through work
    - 92. Identify aspects of work related to pay (wage and salary)
    - 93. Understand existance of certain occupational classifications
    - 94. Identify occupational opportunities available locally
    - 95. Identify sources of occupational information

18. Select and Plan Occupational Choices
    - 96. Identify major occupational needs
    - 97. Identify major occupational interests
    - 98. Identify major occupational aptitudes
    - 99. Identify requirements and demands of appropriate and available jobs
    - 100. Make realistic occupational choices at all stages of adult life
    - 101. Utilize past experience to locate occupation meeting current needs
    - 102. Consider spouse's occupational role in relationship to his/her's

19. Exhibit Appropriate Work Habits and Behaviors
    - 103. Follow directions
    - 104. Work with others cooperatively
    - 105. Accept supervision/supervise others appropriately
    - 106. Know importance of good attendance and punctuality
    - 107. Use appropriate communications skills at work
    - 108. Meet quality standards for work
    - 109. Follow occupational safety rules and principles

20. Physical-Manual Skills
    - 110. Possess satisfactory balance and coordination for job chosen
    - 111. Possess satisfactory dexterity for job chosen
    - 112. Possess satisfactory stamina and endurance for job chosen
    - 113. Possess satisfactory sensory discrimination for job chosen

21. Obtain a Specific Occupational Skill

22. Seek, Secure, and Maintain Employment
    - 114. Search for a job using appropriate resources
    - 115. Apply for a job including filling out application
    - 116. Demonstrate good interviewing skills
    - 117. Adjust to competitive standards (make production standards)
    - 118. Seek help when things go wrong

[1] Adapted from Brolin, D. E. (ed) *Life centered career education: A competency based approach*. Reston, VA: Council for Exceptional Children, 1978.

Editor's Note: Originally numbering 102, this is an expanded list of 118 subcompetencies that includes specific objectives for the adult learner.

Title Life Centered Career Education: A Competency Based Approach

Subject HG Career Dev

Author Brolin, D.E., Editor

Date 1978

Description

199 pages, softbound manual

Cross Reference:
MR Career Dev

Annotation

This manual, which developed out of Project PRICE, (Programming Retarded in Career Education) addresses career education of handicapped learners so that they may assume roles as competent adults in society. It presents a comprehensive program based on goals and objectives in the domains of daily living, personal-social and occupational preparation. It describes the skills and behaviors necessary for daily functioning. The manual includes a definition of career education, the life centered curriculum, competency units, instructional materials, resources, and assessment and planning for individualized education programs.

Pertains to competencies in the Daily Living, Personal-Social and Occupational Guidance and Preparation domains.

Cost

Publisher

The Council for Exceptional Children, 1920
Association Drive, Reston, VA 22091

Additional Information

Also available in the Trainer's Guide to Life Centered Career Education

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Title Trainer's Guide to Life Centered Career Education

Subject HG Career Dev

Author Brolin, D.E., McKay, D.J., and West, L.L.

Date 1978

Description

264 pages in a three-ring binder

Cross Reference:
MR Career Dev

Annotation

This Trainer's guide is designed to help administrators initiate a career infused education program for handicapped students in the secondary schools. It provides directions and materials for a series of workshops aimed at creating a team of people including educators, parents, and community workers, who can develop and monitor a career education program appropriate for their own community. A tangible outcome of the workshop series is a career education plan that is realistic and able to be implemented.

Pertains to competencies in the Daily Living, Personal-Social and Occupational Guidance and Preparation domains.

Cost

$35.00

Publisher

The Council for Exceptional Children, 1920
Association Drive, Reston, VA 22091

Additional Information

Also available: Life Centered Career Education: A Competency Based Approach

Item Council for Exceptional Children Division on Career Development

Category HG Career Dev

Description The Division on Career Development of the Council for Exceptional Children (CEC) seeks to inform its members on current developments in the field of career education for the handicapped through its quarterly newsletter and a journal published twice a year. The Division also provides a forum for the sharing of members' ideas and information, through their contributions to the two publications. A conference is held yearly in April in conjunction with the CEC conference.

All members of this Division must be members of CEC. The annual membership fee for the Council is $25.00; the membership fee for the Division is $8.00 for DEC members. The journal and newsletter are distributed free to Division members; non-Division members can purchase the journal for $16.00 per year.

Address

Council for Exceptional Children, Division on Career Development, 1920
Association Drive, Reston, VA 22091

Phone (800) 336-3728 or (703) 620-3660

Additional Information

Item Career Development for Exceptional Individuals

Category HG Career Dev

Description

The journal of the Council for Exceptional Children's Division on Career Development, is published twice a year. It includes articles, reports, and reviews on education and career development for exceptional children and adults, and is available free to Division members, and for $16.00 a year for non-Division members.

Address

Division on Career Development, Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091

Phone (800) 336-3728 and (703) 620-3660

Additional Information

Title Careers and Disabilities: A Career Education Approach

Subject HG Career Dev

Author Gardner, D.C. and Warren, S.A.

Date 1978

Description 176 page hardback book

Annotation

This interdisciplinary text in special education deals with disabilities through a focus on career education. It includes definition, assessment, evaluation, psychology, goal setting, and curricula.

Cost

Publisher

Greylock Publishers, 13 Spring Street,
Stamford, CT 06911

Additional Information

Title Career Education for Handicapped Children and Youth

Subject HG Career Dev

Author Brolin, D.C., and Kokaska, C.J.

Date 1979

Description 433 pages, hardback book

Annotation

This book is written for all persons concerned with the career development of handicapped individuals. It presents career education as a whole life process, a sequence of planned learning activities which prepare individuals for varied life roles. Part one of the book reviews career services and development for a variety of handicapping conditions. Part two surveys career instruction for the handicapped and conceptualizes life centered career education in personal-social, daily living, and occupational areas. Part three includes strategies for planning and conducting career education programs. Part four presents a discussion of how community agencies, families, and businesses can assist in these programs. Part five looks to the future of career education.

Cost $16.95

Publisher

Charles E. Merrill Publishing Company,
1300 Alum Creek Drive, Columbus, Ohio
43216
Telephone: (614) 258-8441

Additional Information

Order number from Charles E. Merrill is 08278-1

Title SCOR Curriculum: Vol. I & II Independent Living Skills Assessment System

Subject HG Career Dev

Author

Date 1977

Description

Annotation

This assessment system is for use in recording, planning, and reporting in over 900 target skills. These include personal management, social development, household management, leisure time, job readiness and work skills.

Pertains to competencies in the Daily Living, Personal-Social and Occupational Guidance and Preparation domains.

Cost

Publisher

SCOR/Casa Grande Duplication Center, 235
Casa Grande Road, Petaluma, CA 94952

Additional Information

Title Project ACCESS: Action Centered - Career Education for Special Students

Subject HG Career Dev

Author

Date

Description

Annotation

These curriculum materials cover a range of topics including Curriculum I - Academics, Health, Survival Skills, Curriculum II - Job Placement, Vocations, Peer Tutor Training.

Cost

Publisher

Project ACCESS, 2268 Adams Drive, N.W.,
Atlanta, GA 30318

Additional Information

Title The Career and Vocational Development of Handicapped Learners

Subject HG Career Dev

Author Brolin, D.E., and Kolstoe, O.P.

Date 1978

Description

72 page softbound book

Annotation

This paper discusses the state of the art in career education for persons with handicaps. It presents research findings concerning the roles of occupation, citizen, family and avocation for persons with various disabilities including hearing impairment, visual impairment, health impairment, mental retardation, emotional disturbance, orthopedic handicaps, learning disability and multiple handicaps. Effectiveness of various curricular approaches are examined and recommendations for the involvement of schools, communities and families are presented.

Pertains to competencies in the Daily Living, Personal-Social and Occupational Guidance and Preparation domains.

Cost

$5.10

Publisher

National Center for Research in Vocational Education, The Ohio State University, 1960 Kenny Road, Columbus, Ohio 43210

Additional Information Also available from:

ERIC Document Reproduction Service, Box 190, Arlington, VA 22210
ID #Ed 166 419
microfiche $.83
paper $4.67

Title Career Education: A Chance to Be

Subject HG Career Dev AV

Author

Date

Description

Annotation

It addresses the issue of education as preparation for a career, with particular emphasis on the needs encountered by members of special populations: women, minorities, the gifted and talented, and the handicapped. The film draws attention to the need to broaden the work opportunities of these groups, and the role that career education can play in achieving this goal.

Cost

rent: $12.50
sale: film--$114.00
videocassette--$100.00

Publisher

National Audiovisual Center, National Archives Trust Fund Board, Washington, D.C. 20409

Additional Information

Film order no: A00671/BK
Videocassette order no.: A00672/BK

Title Career Education For Persons With Handicaps: A Bibliography

Subject HG Career Dev

Author Brolin, D. and Mauch, P.

Date 1979

Description

Annotation

This is a bibliography of resources in career education for handicapped individuals. Materials are categorized by: journal articles, special issues of journals, books, and monographs.

Cost

$.65 per copy

Publisher

Additional Information Available from:

CEPP Project, 16 Hill Hall UMC,
Columbia, MO 65211

Title Disability and the Concept of Life Functions

Subject MR Career Dev

Author Sigelman, C., Vengroff, L., and Spankel, C.

Date

Description

Annotation

This working paper describes a model of disability that distinguishes between impairing conditions and limitations with respect to five life functions. These are health, mobility, communication, cognitive-intellectual functioning, social-attitudinal functioning and life outcomes. Limitations are jointly determined by performance in life function areas and environmental factors.

Cost

Publisher

Research and Training Center in Mental
Retardation, Texas Tech University,
Lubbock, TX 79409

Additional Information

Title Developing An Integrated Community-Based Extended Rehabilitation Service System

Subject MR Career Dev

Author Parham, J.

Date 1978

Description

Annotation

This working paper describes how the multiple needs of severely handicapped people require multiple services among community agencies - all working together.

Cost

Publisher

Research and Training in Mental Retardation, Texas Tech University, Lubbock, TX 79409

Additional Information

Item National Center for Research in Vocational Education

Category HG Career Dev

Description

The main function of the Center is to increase the ability of diverse agencies and organizations to solve educational problems related to career planning preparation and progress through the generation of knowledge by means of primary research in career problems; development of educational programs and products which include teachers' guides, staff development modules; and community involvement materials; the operation of a variety of information services; and conducting leadership development and training programs.

The Center disseminates a variety of materials such as lists of resource organizations in selected areas, lists of new publications and ongoing research, an annotated bibliography of research and development projects conducted since 1970, and a bibliography listing over 700 publications available for purchase from the Center, which includes titles on career education and the handicapped.

In addition, the Center refers requesters to staff specialists and outside organizations when appropriate. Charges for services of the Center vary depending upon the type of service requested.

Address

National Center for Research in Vocational Education, Ohio State University,
1960 Kenny Road, Columbus, OH 43210

Phone (614) 486-3655

Additional Information

Title Lifelong Learning and Career Development Needs of the Severely Handicapped, Working Paper No.1

Subject HG Career Dev

Author Flanagan, W.M., and Schoepke, J.M.

Date 1978

Description

26 page softbound paper

Annotation

This paper presents background and philsophy about lifelong learning and career education/development as it relates to the needs of individuals with severe handicaps. The authors propose that the community college is the most appropriate service agency to coordinate lifelong learning opportunities for individuals with severe handicaps. It was the initial publication of the Lifelong Career Development Project.

Cost

$1.50 from LCD project

Publisher

Lifelong Career Development Project,
University of Missouri-Columbia,223
South 5th Street, Columbia, MO 65211

Additional Information

Also available from: ERIC Document
Reproduction Service, Box 190,
Arlington, VA 22210

Title Lifelong Career Development Needs Assessment Study, Working Paper No.3

Subject HG Career Dev

Author Schoepke, J.M.

Date 1979

Description

86 pages, softbound manual

Annotation

This paper presents the results of an extensive field survey at three sites regarding the lifelong learning and career development needs of individuals with seven different disabilities: visual or hearing impairment, cerebral palsy, mental retardation, epilepsy, multiple handicap, and orthopedic handicap. Relatives of these individuals were also surveyed. In addition measures of attitudes toward persons with disabilities as well as information about services currently available are included in the survey.

Cost

$2.50 from LCD project

Publisher

Lifelong Career Development Project,
University of Missouri-Columbia, 223
South 5th Street, Columbia, MO 65211

Additional Information

Also available from: ERIC Document
Reproduction Service, Box 190,
Arlington, VA 22210

CHAPTER 2

Medical Aspects

Understanding of fundamental medical facts is imperative for professionals and others dealing directly with handicapped persons as well as for handicapped individuals themselves. However, in the past most information about disability was written for and available to medical personnel only. Too often, persons working with disabled people had little or no formal exposure to medical diagnosis, treatment and prognosis of handicapping conditions. Currently, books and media presentations are becoming increasingly available to acquaint persons outside the medical profession with medical aspects of disabling conditions. Using non-technical language, these resources provide thorough yet easily comprehended information about causes and medical considerations of various disabilities.

To understand medical aspects of a disability it is important to know the etiology (causes or origins) and physiology (function of vital body processes) related to that disability. This knowledge dispels misconceptions and creates a firm basis for developing realistic expectations. Distinction between congenital and acquired/traumatic disabilities is also valuable because implications of a particular disability usually vary according to time of onset. Congenital abnormalities are defects present at birth, occurring in an estimated 3% of all births (Bleck and Nagel, 1975). However, when all birth abnormalities which are discovered during the first year of life are included, the estimated rate rises to 6%. Birth defects are often multiple. They may be localized or general, mild or severe. Acquired or traumatic disabilities are those conditions not present at birth. Spinal cord injury incurred during a car accident is an example of traumatic disability. Some conditions such as cerebral palsy can be either congenital or acquired depending upon the time and circumstances of onset.

The "Medical Aspects" chapter provides an overview of each disability's etiology, medical characteristics, functional limitations, and treatment. Diagnostic, treatment and research resources are included as well as references and media related to medical aspects.

Reference

Bleck, E., and Nagel, D. Physically handicapped children: a medical atlas for teachers, New York: Grune & Stratton, 1975.

Item Medic-Alert Foundation International

Category HG
Med Aspects

Description

I.D. Badges are available to alert medical personnel and others to the presence of a medical condition.

Address

Medic-Alert Foundation International,
1000 N. Palm, Turlock, CA 95380

Phone

Additional Information

Title The Physical Disabilities

Subject HG Med Aspects
AV

Author Bender, Eleanor et al.

Date

Description

Section I: 5 "vest pocket" training books
Section II: 5 audio cassettes, 20-30 min each side
Section III: 136 page Resource Manual

Annotation This training package, divided into three sections, is designed to increase effectiveness in working with physically handicapped persons by increasing knowledge of disabling conditions. Includes information about orthopedic handicaps, cerebral palsy, epilepsy, stroke, emphysema, renal failure, multiple schlerosis, heart disease and rheumatoid arthritis. Section I includes five training booklets describing specific disabilities and their physical, social and psychological implications. Section II features five audio casettes of simulated interviews with persons having specific disabilities. Section III contains a Medical Aspect of Disabilities Resource Manual about the etiology and disease of each disability catecory and a glossary of medical terms.

Pertains to competencies in Daily Living and Personal-Social domains.

Cost

Complete package $55,00
or bought separately at
$20.00 per section

Publisher

Center for Training and Development, Multi
Resource Center, Inc., 1900 Chicago Avenue,
Minneapolis, Minnesota 55404

Additional Information

Title It's About Time (Various Disabilities) Came Out In The Open Series

Subject HG Med Aspects

Author Davis, K.

Date 1976-77

Description booklet series, 40 pages each

Annotation

This series of 11 booklets provides information on various disabilities in an easy-to-understand manner and provides suggestions to vocational educators to assist in teaching individuals who have the following disabilities: hearing impairment, visual impairment, drug or alcohol problems, emotional problems, physical disabilities (Part I: amputation, monoplegia, hemiplegia, triplegia, quadraplegia, paraplegia; Part II: cerebral palsy, multiple scherosis, muscular dystrophy, and spina bifida; Part III: aphasia, cystic fibrosis, epilepsy), learning disabilities, mental retardation and speech/language disabilities.

Cost Less than $5.00 each

Publisher

Wisconsin Vocational Studies Center,
Publications Unit, Room 342, University of Wisconsin-Madison, 321 Education Building,
Box 49, Madison, Wisconsin 53706
Telephone: (608) 263-4357

Additional Information

Title Interviewing Guides for Specific Disabilities - Visual Impairment and Legal Blindness, and Blindness

Subject HG Med Aspects

Author U.S. Department of Labor

Date 1978, 1976

Description 5" X 8" pamphlets

Annotation

These two guides are designed to assist counselors, particularly those dealing with vocational aspects, in understanding the physical aspects of work capacity. The guides include information about medical terminology in the area of visual disabilities, evaluation of work capacity, and information to assists in interpreting medical reports as they pertain to physical and work capacities. The pamphlets also cover tips in interacting with blind individuals and information about cooperating agencies, Visual Impairments, 1978, Stock No.029-000-00332-7; Legal Blindness and Blindness, 1976, 0-219-322.

Cost

Publisher

Additional Information Available from:

Superintendent of Documents, U.S.
Government Printing Office, Washington,
D.C. 20402

Definitions of Developmental Disabilities

New Federal Definition of Developmental Disabilities

The following is the definition of developmental disability contained in P.L. 95-602 enacted in 1978.

> The term 'developmental disability' means a severe chronic disability of a person which:
>
> "(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
>
> "(B) is manifested before the person attains age twenty-two;
>
> "(C) is likely to continue indefinitely;
>
> "(D) results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vi) economic self-sufficiency; and
>
> "(E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.".

General Definition as Used in the Field

Meyen (1978) defines developmental disabilities as "conditions which originate in childhood and which result in a significant handicap for the individual. These include conditions such as mental retardation, cerebral palsy, epilepsy, and conditions associated with neurological damage" (p. 507). The term is generally used to refer to disabilities with onset before adulthood. As Meyen notes, mental retardation, cerebral palsy and epilepsy are conditions frequently associated with developmental disabilities.

Reference

Meyen, E. L. *Exceptional children and youth: An introduction*. Denver: Love, 1978.

Title Disability and Rehabilitation Handbook

Subject HG Med Aspects

Author
Goldenson, R. M. (Editor)

Date
1978

Description

846 page handbook, hardback cover

Annotation

This book is recommended for people who work with disabled persons as well as patients and family members. This handbook includes an encyclopedia of chronic disorders, resource guide, political action manual and more.

Cost

$24.50

Publisher

McGraw-Hill Book Co., 1221 Avenue of
the Americas, New York, NY 10020

Additional Information

Title Hope Through Research Series

Subject HG Med Aspects

Author National Institute of Neurological Diseases & Stroke

Date

Description

Series of pamplets about various impairments and diseases

Annotation

Titles on factual pamplets include:

Cerebral Palsy	Mental Retardation
Epilepsy	Down's Syndrome
Hearing Loss	Muscular Dystrophy
	Spina Bifida

Cost

Publisher

U.S. Department HEW, National Institute of
Neurological Diseases & Stroke, Office of
Public Affairs, Building 31, 9000 Rockville
Pike, Bethesda, MD 20014

Additional Information

Medical Aspects

Approximately 750,000 people -- one out of every 250 persons in this country -- have cerebral palsy. It is estimated that 10% of the people with cerebral palsy are mildly disabled and very little remediation is required. However, about 80% of the people with cerebral palsy have visible manifestations of the condition -- either awkward gait, gutteral speech, facial grimacing and/or drooling. Some of the conditions described above can be remediated with the use of adaptive devices, physical therapy, or surgical treatment.

The major cause of cerebral palsy is damage to the brain before, during or shortly after birth. In fact, the term "cerebral palsy" reflects its primary cause -- "cerebral" means brain, "palsy" means a lack of control over muscles. Any one or a combination of the following can be the contributing cause of cerebral palsy: insufficient oxygen during pregnancy and/or at birth, RH blood factor, brain hemorrhage which results in the birth injury, prematurity (especially when the infant weighs less than four pounds), or infection of the mother during early pregnancy with diseases such as German measles or other viral diseases.

There are indications that less than 1% of cerebral palsy is inherited, and those with inherited cerebral palsy usually do not live long. Although cerebral palsy is usually not hereditary, the physical conditions that can lead to cerebral palsy may be inherited. For example, a child born to a mother with RH negative blood may develop cerebral palsy as a result of incompatability of blood types. The cerebral palsy itself is not inherited; however, blood type -- the cause of the cerebral palsy in this case -- is inherited.

The term cerebral palsy does not describe a single disease, but a number of medical conditions. Since the brain is not only the center of muscular control, but also of intelligence, behavior control, and language development, it is possible for persons with cerebral palsy to have other associated disabilities. The person having cerebral palsy may have any of the following accompanying disorders:

> Speech/language disability. This occurs in approximately 33% of the people with cerebral palsy.
>
> Mental deficiency. Some persons with cerebral palsy have "normal" or even superior intelligence. However, the mean IQ of persons with cerebral palsy varies from 70 to 75, as compared to 100 for the normal pupulation. It is also estimated that about 50% of the population with cerebral palsy scores withing the IQ range associated with mental retardation.

Convulsions.

Personality problems.

Visual impairments. These occur in approximately 50% of the people with cerebral palsy.

Hearing impairments. These occur in almost 16% of the people with cerebral palsy.

The types of cerebral palsy are classified according to the physical movements involved. The three major types of cerebral palsy are spastic, athetosis, and ataxia. According to Davis (1976), approximately 50% of the people with cerebral palsy are diagnosed as spastic. These persons have limb muscles that are tight, and with sudden attempted movement or stretching, the muscles contract strongly. For example, tapping of the heel cord results in a quick, downward movement of the foot. With spastic cerebral palsy, the muscles continue to contract repetitively. The muscles of a person with spastic cerebral palsy become shorter with resulting deformities of the limbs, pelvis, and spine (Bleck & Nagel, 1975).

About 25% of the people with cerebral palsy are diagnosed as athetoid. A constant, recurring series of involuntary or purposeless movements of the hands, feet and trunk characterize athetosis. Distinction can be made between athetosis and spacticity. With athetosis, tension causes the muscles to become soft or flail; with spaccicity they become tighter (Bleck & Nagel, 1975).

Approximately 7 % of the people with cerebral palsy are ataxic. Ataxia is characterized by lack of balance, frequent falls, and a tremor of the hands and feet. Each type of cerebral palsy can have a wide range of severity. One particular type is not necessarily more limiting than another.

There is no known cure for cerebral palsy. Drugs may be administered to help control motor difficulties by increasing the tone of slack muscles or decreasing the tone of tight muscles. Surgery can help correct some of the deformities associated with cerebral palsy. For example, surgical lengthening of a tight heel cord makes it possible for the person to walk on the entire foot.

References

Davis, K. It's about time physical disabilities came out in the open! Part II. Madison, WI: Wisconsin Vocational Studies Center of the University of Wisconsin-Madison, 1977.

Bleck, E., & Nagel, D. Physically handicapped children: A medical atlas for teachers. New York: Grune & Stratton, 1975.

Item Project Prevention

Category CP Med Aspects

Description

Project Prevention is a public education and community action program to inform women about measures to prevent cerebral palsy and birth defects.

Address

United Cerebral Palsy, Inc., 66 East
34th Street, New York, NY 10016

Phone

Additional Information

Title What Everyone Should Know About Cerebral Palsy

Subject CP Med Aspects

Author

Date

Description

booklet

Annotation

This cartoon booklet introduces information about cerebral palsy including causes, prevention, aids and treatment, resources, and research. The booklet uses simple sentences and many illustrations.

Cost

$.15 per copy
100 or more $.12

Publisher

United Cerebral Palsy Association, Inc.
66 East 34th Street, New York, NY 10016

Additional Information

Item NINCDS Extramural Research and Research Training Awards In The Neurological, Sensory, and Communication Fields

Category CP Med Aspects

Description

This research report, available free of charge, provides information on research report grants and awards in the neurological, sensory and communicative fields. NINCDS is a research organization which investigates both pre and post natal causes of cerebral palsy. The organization is currently specializing in viral as well as anoxia research. NINCDS funds research and research training awards in neurological, sensory, and communicative fields.

Address

U.S. Department of Health, Education
and Welfare, National Institute of
Neurological and Communitive Disorders
and Stroke, Bethesda, MD 20014

Phone

Additional Information

This 1977 research report is DHEW Publication No. (NIH) 77-1401.

Medical Aspects

Although the actual incidence is not known, it is estimated that approximately one million Americans have epilepsy. Epilepsy is a disorder that results from alteration of brain function that begins and ends spontaneously and tends to recur.

Epilepsy is not a specific disease, but is rather a symptom of an intermittent imbalance of electrical activity of the brain characterized by recurring seizures (Guidance and Support Services, 1977). The terms seizure and convulsion are synonymous. However, seizure is the preferred term since the term convulsion carries with it the negative connotation of having a "fit" (Biel, 1980). Seizure can be caused by a variety of factors including brain anomalies, vascular malformations, tumors, trauma, inflammation of the brain (encephalitis) or the meninges (meningitis), or metabolic disorders such as low blood calcium, low blood sugar or low blood magnesium (Bleck & Nagle, 1975). For a large number of persons with seizures, no specific cause can be found. These cases are called idiopathic epilepsy.

The role of heredity in the etiology of epilepsy is not clear. Statistics indicate that the likelihood that an individual will have epilepsy increases if others in the family have the disorder. However, "some experts say that what might be inherited is not some form of epilepsy, but a greater or lesser degree of resistance to the types of injury that produce epilepsy." (Davis, 1977) Others deny any relationship between epilepsy and heredity. Clarification of the role of heredity is complicated by the lack of agreement as to what is classified as a seizure and variability in the interpretation of electroencephalograms (EEG). The EEG, which is typically used to detect epilepsy, is a measure of electrical activity in the brain.

The classification of seizures is based on clinical characteristics, neurophysiological characteristics, or conbinations of both. The following classifications of seiqures are based on the clinical manifestations (Guidance, Counseling and Support Services, 1977).

GRAND MAL SEIZURES: Are characterized by loss of consciousness, followed by muscle rigidity (especially of the limbs) and jerking of the limbs after which the entire body becomes limp. Grand mal seizures are often accompanied by salivation and loss of bladder and/or bowel control. After regaining consciousness, the person may feel tired, somewhat uncoordinated, or may experience a headache.

PETIT MAL SEIZURES: Are characterized by loss of awareness which may be observed as a blank stare or flickering of the eyes. Petit mal seizures, which usually last only several seconds each, may occur as often as three hundred times a day in severe cases. After a seizure the person resumes normal activity, often unaware that a seizure occurred. Petit mal seizures may be mistaken for daydreaming.

PSYCHOMOTOR SEIZURES: Are characterized by altered states of mind, motor movements of the body, and total loss of awareness. Although the individual experiencing a psychomotor seizure may look like he is awake and aware, the person is not functioning on a conscious level. The person may repeat meaningless phrases or move quickly or rhythmically in a meaningless or inappropriate manner. Psychomotor seizures can last from several seconds to fifteen or twenty minutes. In severe cases, they may last for several hours or days. Psychomotor seizures may be mistaken for behavior associated with intoxication or drug abuse.

Some people know they are going to have a seizure just before it occurs. This signal, called an aura, may be the sensation of an unusual odor, sound, or feeling that acts as warning of an impending seizure. Approximately half of the persons with epilepsy experience an aura. Individuals should be encouraged to indicate that they have experienced an aura so that safety precautions can be taken. Safety precautions and first aid procedures for seizures are outlined in the section "Epilepsy, What Do You Do When . . . ."

Use of anticonvulsant medication can control seizures to varying degrees. With proper medication, over 50% of individuals with epilepsy can be free of seizures. Another 30% of individuals can gain partial control of seizures. For the remaining, seizures can be only poorly controlled (Davis, 1977). Possible side effects of anticonvulsant drugs include fatigue, drowsiness, dizziness, awkwardness, nausea, fever, diarrhea, double vision or skin rash. In some cases, adjustment of dosage can alleviate side effects so that the drug need not be discontinued. Adequate rest, physical activity and diet are recommended to aid in control of seizures. Some medical authorities recommend abstinence from alcohol. Emotional conflict and turmoil also may aggravate the tendency to have seizures.

References

Berg, B. Convulsive disorders. In E. Bleck and D. Nagel (Eds.), Physically handicapped children: A medical atlas for teachers. New York: Grune & Stratton, 1975.

Davis, K. It's about time physical disabilities came out in the open, Part III. Madison, WI: Wisconsin Vocational Studies Center of the University of Wisconsin-Madison, 1977.

Guidance, counseling and support services for high school students with physical disabilities. Cambridge, MA: Technical Education Research Centers, 1977.

Reference Note

Biel. Personal communication, January 14, 1980.

Item Resources on Medical Aspects of Epilepsy

Category Ep Med Aspects

Description The following three resources are available from Epilepsy Foundation of America:

ANSWERS TO THE MOST FREQUENT QUESTIONS PEOPLE ASK ABOUT EPILEPSY

MEDICAL AND SOCIAL MANAGEMENT OF THE EPILEPSIES

A NATIONAL DIRECTORY OF CLINIC FACILITIES FOR DIAGNOSIS AND TREATMENT OF PERSONS WITH EPILEPSY

Address
Epilepsy Foundation of America
1828 L Street
Washington, D.C. 20036

Phone

Additional Information

Title Basic Statistics on the Epilepsies

Subject Ep Med Aspects

Author

Date

Description

Annotation

Information pertaining to both the medical and social aspects of epilepsy has been organized into tables and charts that reflect the current state of information about epilepsy. This report should be of use to any person interested in epilepsy and the problems related to the disorder.

Cost

Publisher

Additional Information Available from:

Epilepsy Foundation of America, Suite 406, 1828 L Street, N.W., Washington, D.C. 20036

Medical Aspects

The term hearing impaired refers to all varieties and degrees of hearing loss. A person with a hearing impairment may only have difficulty hearing very high or very low pitch sounds. Or, a person may be able to hear sounds but not understand them. Likewise, a person may hear well in some situations, but not at all in others.

There are three factors to be considered in describing hearing loss. The first is the degree of hearing loss -- what the person can or cannot hear. The second factor is the age of onset, the age at which the hearing loss occurred. Finally, the third factor to be considered is the type of hearing loss, which is determined by the cause of the loss (Davis, 1976).

Persons who lack the ability to hear and understand speech are classified as being deaf. Persons who have some ability to hear and understand speech are classified as hard-of-hearing. The specific degree of hearing loss is usually measured in decibels by an instrument called an audiometer.

According to Davis (1976), the degrees of hearing loss have the following effects on the ability to hear and understand sounds.

Slight Hearing Loss (average of speech frequencies in better ear is 27 to 40 dB*): Individuals with slight hearing loss typically have difficulty hearing speech that is distant or faint. Generally, the condition goes unnoticed.

Mild Hearing Loss (41 to 55 dB): Persons with mild hearing loss are usually able to understand face to face conversations at a distance of 3 - 5 feet. They may miss as much as half of group discussions that take place in a classroom or other large room. Difficulties are likely to occur when the person is tired or inattentive and distant seats in a theatre pose special problems.

Moderate Hearing Loss (56 to 70 dB): Conversation must be loud to be understood by the person with moderate loss. Group discussions are particularly difficult. This degree of loss may be accompanied by defective speech, deficits in language use and comprehension and limited vocabulary.

Severe Hearing Loss (71 to 90 dB): A person with severe loss may hear loud voices about 1 foot away and moderate voices several inches away. Environmental sounds like airplanes and sirens sometimes can be identified. The person may be able to discriminate vowels but not all consonants. Typically, speech and language are defective and subject to deterioration.

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* These decibel ratings are based on current standards of the International Standard Organization (ISO).

Profound Hearing Loss (91 dB or more): A person with profound loss may be able to hear loud sounds about 1 inch from the ear. However, the person may be more aware of vibrations than tonal pattern. Individuals with profound hearing loss rely on vision rather than hearing as the primary mode of communication. Speech and language is frequently defective and likely to deteriorate.

According to Davis (1976), the effects of a hearing loss are influenced by the age of onset. A congenitally deaf person will need skilled, professional help to develop speech. On the other hand, a person who become deaf during adulthood can usually retain speech with little or no assistance.

Persons who are deaf are usually grouped into subcategories, determined by the age of onset. These subcategories are: pre-lingual, post-lingual and deafened. Pre-lingually deaf persons are either congenitally deaf or lose their hearing before the age of five years. Loss of hearing at that early age has an important impact on speech and language development. Because both speech and language are acquired through formal training, rather than naturally, a pre-lingually deaf person's speech may be stilted, mechanical and difficult to understand. Conceptualization and abstract thinking may also be affected because the normal patterns of language acquisition have been interrupted. Persons who are pre-lingually deaf usually communicate through finger spelling, signs and writing. They have only minimal speech and lipreading ability.

Post-lingually deaf persons are those who become deaf after age five. In most cases, the post-lingually deaf person had normal hearing long enough to develop speech and language patterns. As a result, while his speech is usually affected, communication can be carried on through speech, signs, finger spelling, lipreading and writing.

The third subcategory, deafened, is used to describe a person whose hearing was at one time normal. Consequently, for this person language was acquired and can still be remembered. However, the present degree of impairment is so great that even residual hearing is lost (Myklebust,1964).

Generally, there are three sources of hearing loss: congenital problems, hereditary causes and disease or accident. A congenital condition may or may not be hereditary. One particular viral disease that has emerged as a major cause of congenital deafness is Rubella, or German measles. If a mother contracts Rubella during the first trimester of pregnancy, this can result in severe congenital hearing loss in her unborn child. Likewise, any severe infection (for example, influenza or mumps) can cause deafness or hearing impairments. Blood incompatabilities, such as RH factor or ABO combination, may also cause congenital problems with a child's auditory system.

Another source of congenital hearing loss includes various complications during labor. Prematurity, prolonged or difficult labor, or difficult delivery involving the use of obstetrical forceps can all result in injury to the unborn child. Such injuries are usually complications of hemorrhaging in or around the brain.

Hearing impairment may also be caused by metabolic and endocrine disorders during childhood. Examples include hypothyroidism or cretinism (Davis, 1970).

Some hearing impairments are caused by hereditary factors. There are various genetic syndromes -- Waardenburg, Klippel-Feil and Treacher-Collins -- that result in an abnormality of the labyrinth or middle or external ear. Approximately 70% of the cases of hereditary deafness are caused by Scheibe's type. This disease affects parts of the inner ear such as the cochlear duct, sacculae and organ of Corti (Davis, 1970).

Even though inherited forms of hearing impairment usually do not involve brain damage, a hearing impaired person's learning potential may be restricted because of inability to receive meaningful sound. It is important to realize that, while the hearing loss may increase difficulty in learning, it does not decrease intelligence.

Hearing impairments may also occur through disease or accident. This type of loss frequently involves damage to the central nervous system. A person who loses his hearing in this manner may also experience accompanying impairments in memory, orientation, intellectual function and judgment. Some diseases that may cause hearing loss are: scarlet fever, mumps, diptheria, whooping cough, measles, typhoid fever, pneumonia, influenza and meningitis. Infections of the middle ear may also cause hearing loss. Concussions and subjection to high frequency or excessively loud sounds may result in hearing loss as well (Davis, 1976).

There are communication problems, particularly in the areas of language and conceptualization, associated with severe hearing impairments. Language ability among severely hearing impaired people varies greatly. At one end of the spectrum are those persons who have fully intelligible speech and can read and write adequately. At the other end, are the few who use only gestures and pantomime to communicate. In between are persons who speak, write and read at different levels depending, to a great extent, on their level of academic training. Many times their written language seems ungrammatical and confusing to the person unfamiliar with hearing impairments. Their speech may be difficult to understand because of articulation and verbal language problems.

Persons with hearing impairments since birth or early childhood may have the additional problem of conceptual limitations or problems with abstract thoughts. These problems generally result from language limitations, isolation and lack of adequate stimulation during the developmental years (Davis, 1976).

A deaf person's language skills should in no way be considered an indication of level of intelligence. In fact, the person's language skills are more accurately a reflection of the age of onset, type and degree of hearing loss and interaction with family, peers and teachers during childhood and early educational years (Patterson, 1971).

"Medical treatment has rather little to offer to restore lost hearing, but preventive medicine can and does contribute greatly to the conservation of hearing" (Davis & Fowler, 1970, p. 140). In some cases, loss of hearing associated with blockage or infection of the external or middle ear can be alleviated by medication or surgery. However, once sensory cells or nerve fibers have degenerated, they cannot be restored (Davis & Fowler, 1970). Preventive measures are instrumental in promoting conservation of hearing. These include auditory screening of children that helps identify problems that can lead to permanent hearing impairment. There are also efforts to reduce exposure to hazardous noise levels, especially in industrial and military settings (Davis & Fowler, 1970).

References

Davis, H. Abnormal hearing and deafness. In H. Davis & S. R. Silverman (Eds.), *Hearing and deafness* (3rd ed.). New York: Holt, Rinehart & Winston, 1970.

Davis, H., & Fowler, E.P. The medical treatment of hearing loss and the conservation of hearing. In H. Davis & S. R. Silverman (Eds.), *Hearing and deafness* (3rd ed.). New York: Holt, Rinehart & Winston, 1970.

Davis, K. *It's about time hearing impairments came out in the open.* Madison, WI: Wisconsin Vocational Studies Center at the University of Wisconsin-Madison, 1976.

Myklebust, H. *The psychology of deafness* (2nd ed.). New York: Grune & Stratton, 1964.

Patterson, C. H., & Stewart, L. Principles of counseling with deaf people. In A. E. Sussman and L. G. Stewart (Ed.), *Counseling with deaf people*. New York: Deafness Research & Training Center, New York University, School of Education, 1971.

Medical Aspects

Since 1976, the American Association of Mental Deficiency's (AAMD) definition of mental retardation has become widely accepted. According to the AAMD definition,

> Mental retardation refers to significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior, and manifested during the developmental period. (Dunham & Dunham, 1978, p. 459)

To fully comprehend the scope of the above definition, it is necessary to define some of the terms utilized. Subaverage intellectual functioning is considered to exist when a person scores more than two standard deviations below the mean on an individually administered, standardized intelligence text. For AAMD's purposes, the developmental period begins with conception and concludes at the end of the 18th year. Adaptive behavior involves satisfactorily coping with the ordinary events of growing up and maturing. Coping is measured by how successfully a person adjusts to school, takes care of his personal life and needs, and progresses in social development. Impairment in adaptive behavior may be detected, in part, by below average progress in school achievement.

In deciding whether an individual is mentally retarded, the person under consideration should have had ample opportunity for remedial help. Every step must be taken to ensure that any observed impairment is not the result of a lack of opportunity to acquire suitable behavior.

Today, mental retardation is usually categorized into four degrees or levels: mild, moderate, severe and profound. Statistically, most persons who are labeled mentally retarded are categorized into the mild range. The greater the degree of retardation, the fewer people placed in the category. Hence, profound retardation occurs the least often.

The four levels of mental retardation do not have clearly defined boundaries. Even though they are not easily separable, these four levels have traditionally guided the ways that educators -- as well as other professionals -- have approached mentally retarded persons.

Intelligence test scores typically are used to designate the levels of mental retardation as follows:

LEVELS OF RETARDATION	STANFORD-BINET SCORE	WECHSLER SCORE
Mild	68-52	69-55
Moderate	51-36	54-40
Severe	35-20	39-25
Profound	19-below	24-below

Although approximately 200 causes of mental retardation have been identified, precise etiology cannot be determined in 75 to 85% of actual cases (Dunham & Dunham, 1978). The exact cause can be particularly difficult to identify because the determinant usually occurs at or before birth, yet brain functioning usually cannot be fully evaluated until the infant is several months old. Therefore, the condition often is not discovered until after the cause has taken its toll.

The causes of mental retardation can be classified in three areas: poverty, agents of organic defect and genetic determinants (Dunham & Dunham, 1978). Conditions associated with poverty -- intellectual and emotional deprivation, unsanitary environment, malnutrition, poor health care, and lead poisoning -- are factors that contribute to the incidence of mental retardation. According to Dunham and Dunham (1978), many workers in the field of mental retardation maintain that prevention of half the cases, some 3 million, must begin with social action.

Agents of organic defect account for more cases of mental retardation than all those caused by genetic defects (Dunham & Dunham, 1978). Pathological conditions in the mother during pregnancy can cause retardation. These include toxemia (excess of waste or poisons in the blood), diseases such as German measles or viral conditions, and toxoplasma, a parasite carried by animals. Other agents of organic defect include kidney or metabolic disturbances during pregnancy, exposure to X-rays during pregnancy, Rh incompatability disease, and brain injury or lack of oxygen during delivery. Head injury, malnutrition, metallic poisoning, and complications of diseases are among the postnatal causes of retardation (Dunham & Dunham, 1978).

Genetic determinants of mental retardation include a range of chromasomal abnormalities. Some of these are listed below:

> Down's syndrome: Down's syndrome, "the largest group of single diagnostic clinical types of mental retardation," is a condition which is now believed to be caused by accidental abnormality of the chromasomal distribution in the cells of the developing embryo (Dunham & Dunham, 1978). Individuals with Down's syndrome, also called mongolism, exhibit the following characteristics: certain hand and foot abnormalities, lack of eyelid folds, broad nose, large, thick tongue, protruding lower lip, stubby fingers, round face and short broad skull. Poor circulation and susceptibility to respiratory disease frequently accompany the syndrome. Today careful medical attention can correct many of the defects that once reduced life expectancy of people with Down's syndrome.
>
> Tay-Sachs disease: This disease, also called cerebral lipoidosis, occurs as the result of genetic abnormalities which, if carried by both parents, result in a 25% chance with each pregnancy that the child will have Tay-Sachs disease (Dunham & Dunham, 1978) It is now known that Tay-Sachs disease is caused by absence of an enzyme which results in the accumulation of a fatty substance especially in the brain. A child who has the disease appears normal at birth, but begins to deteriorate when about 6 months old. Gradual loss of

coordination, blindness, seizures, and severe mental retardation are characteristic. Children with Tay-Sachs rarely live beyond 4 years of age. A blood test can be used to identify carriers of Tay-Sachs and the disease can also be detected by amniocentesis during the early stages of pregnancy.

Phenylketonuria (PKU): PKU, which affects 1 in 20,000 children, is a congenital metabolic disorder which is often associated with severe mental retardation (Dunham & Dunham, 1978). A urine test can detect the symptomatic phenylpyruvic acid in the urine of infants with the disorder. When PKU is detected, a diet low in phenylalanine is prescribed. This can prevent or greatly reduce brain damage.

Cretinism: This is a severe thyroid deficiency occurring during fetal development or early infancy. The condition tends to occur where lack of iodine produces high incidence of goiter (Dunham & Dunham, 1978). Birth injury and infectious diseases can also cause cretinism. If the infant receives thyroid extract treatment during the first months of life, relatively normal development usually occurs. If the condition is untreated, it can cause mental retardation as well as certain physical characteristics -- stunted growth, large head, very coarse hair and thick protruding tongue.

Structural abnormalities of the head: These abnormalities can result in brain damage and mental retardation (Dunham & Dunham, 1978). Hydrocephalus is an enlargement of the head resulting from excess cerebrospinal fluid which exerts pressure on brain tissue. An operation in which excess fluid is shunted into the bloodstream can sometimes arrest the condition. Craniostenosis is caused by premature closing of the cranial opening. In some cases, partial relief can be achieved through surgery. Microcephaly, characterized by miniature brain and small, pointed head, may be due to a recessive gene, X-ray exposure of the mother or certain infectious diseases. Little can be done to alleviate this condition.

Medical efforts to understand, prevent or ameliorate mental retardation have met with increasing success. Some causes are now almost under complete control. For example, cretinism has been all but eradicated. Some cases of mental retardation can be anticipated before birth through a process called amniocentesis. Through this process, a sample of the amniotic fluid that surrounds the fetus is drawn and analyzed. Often, this analysis provides information that can lead to preventive measures.

However, while some medical procedures have helped alleviate mental retardation, others have led to increased incidence of mental retardation. For example, some children are mentally retarded as the result of the unknown side effects of new medications. The side effects of thalidomide during the 1950s and 1960s is a well-known example. In addition, improvements in general medical care has decreased the infant mortality rate of children born retarded.

Reference

Dunham, J.R., and Dunham, C.S. Mental retardation. In R.M. Goldenson (Ed.), Disability and rehabilitation handbook. New York: McGraw-Hill, 1978.

Medical Aspects

For the purposes of this Resource Guide, orthopedic handicaps will be defined in accordance with Kirk's definition (1972). Orthopedic handicaps are a subclassification of physical handicaps. Persons with orthopedic handicaps have a crippling impairment which interferes with the normal function of the bones, joints or muscles. Persons can have congenital (birth) handicaps, including clubbed feet or hands, absence of a limb, defects in neck, spine, hips or limbs, or they can have traumatic (acquired) handicaps, including amputation, poliomyelitis, arthritis, infectious diseases, and spinal cord injury. Medical aspects of orthopedic handicaps involving amputation and paralysis are described in this section.

Amputations may be congenital or traumatic in nature. The terms used to describe types of congenital amputation incorporate the Greek word for limb, melus. Hemimelia means absence of half a limb; amelia means total absence of a limb; phocomelia refers to a small appendage of what might have been a limb. Many of the birth defects associated with the drug thalidomide may be categorized as phocomelia. The cause of total or partial congenital limb absence is a failure of fetal limb bud development in the first three months of pregnancy (Bleck & Nagel, 1975).

Traumatic amputations are often the result of trauma associated with involvement in automobile accidents, war casualties, or industrial accidents. Another common cause is loss of adequate blood supply to an extremity resulting from a vascular disorder. People with diabetes or those experiencing the advanced aging process may require amputation of a limb because of "dry" or "wet" gangrene. Dry gangrene results when the arteries are narrowed and the blood supply is reduced. Wet gangrene is the result of a lack of resistance to infection and its effect on blood vessels.

Amputation may also result from the existence of a malignant or benign tumor. Another, though rather uncommon, cause of amputation is the existence of a useless or atrophied limb. An individual with an atrophied limb may be advised to have an amputation to prevent an accident such as entanglement in machinery.

Physical problems associated with amputations include physical pain and phantom pain. Most persons who have amputations experience a certain amount of real pain. In some persons, the sectioned nerve ending may form a small growth called neuroma. When pressure is applied or a prosthesis is used, this nerve ending may be the source of intense pain. A local anesthetic is usually sufficient to relieve the pain.

Phantom pain is pain felt in an extremity that has been amputated and is a common experience. Individuals may experience varying degrees of phantom pain. When it persists longer than several months after surgery, however, physicians and psychologists believe that the pain is no longer physical in nature. It may be considered a psychological reaction that may require psychiatric treatment (Davis, 1976).

Prostheses are artificial limbs that are constructed according to medical specifications. Functional effectiveness of prosthetic devices varies greatly. For example, prostheses available for unilateral above-the-elbow amputations are less functional than those available for below the elbow amputations. Individuals will generally use the intact upper limb to the maximum and rely on the prosthetic limb as a helper. Some people with upper-limb amputations, those either high in the arm or through the shoulder, may consider the prosthesis a nuisance and choose not to use it.

Prostheses can be of great use for individuals with bilateral absence of the upper limbs, either partial or complete. Some of these individuals develop skill in using their feet and/or toes for those activities usually performed with upper limbs. This technique may be used in addition to or instead of prosthetic devices.

Individuals who have lower limb amputations, particularly those with unilateral above-the-knee amputations, may walk adequately with a prosthesis. On occasion, persons with this type of amputation may utilize a wheelchair to conserve energy (Bleck & Nagel, 1975).

Spinal cord injury and paralysis are a second major category of orthopedic handicaps. In the past congenital paralysis frequently caused death in infancy; paralysis that occurred later in life due to accident or disease also was associated with a high death rate. An estimated 940,000 Americans are affected by paralysis today. This is the equivalent of one out of every 200 persons (Davis, 1977).

There are various types of paralysis. These include:

MONOPLEGIA involves a partial or complete paralysis of one limb as a result of injury to the spinal cord.

HEMIPLEGIA is defined as a partial or complete paralysis of one side of the body or part of one side of the body. This paralysis is caused by injury to various motor centers of the brain. It may be associated with perceptual and intellectual impairments which are not present with other types of paralysis. Aphasia, which is the inability to speak, write, or understand spoken or written language, can be an associated disability.

TRIPLEGIA is the partial or complete paralysis of three extremities caused by accident or disease that involves injury to the spinal cord.

QUADRIPLEGIA or TETRAPLEGIA is partial or complete paralysis of legs and arms as a result of injury to the spinal cord.

PARAPLEGIA is paralysis of the lower part of the body resulting from a spinal cord injury.

There are many causes of paralysis. Some of these include disease, such as poliomyelitis and muscular dystrophy, and accidents, such as obstetrical errors, falls, gunshot wounds, and hemorrhages. Other causes include injury to the brain at birth, stroke, tumor pressure against the brain or spinal cord, or ingestion of poison. Paralysis caused by injury to the spinal cord is common. The extent of the paralysis is determined by the point or level of injury since the part of the body below the point of injury will be affected (Saltman, 1965).

Paralysis can be the source of other physical problems. Spasms, one physical problem associated with paralysis, are the involuntary jerking of muscles. Nerve impulses which move in the direction of the brain are blocked by the paralysis and redirected toward their source. This creates a muscle contraction. Spasms can be triggered for a variety of reasons. Not all individuals who are paralyzed have spasms, and those who do experience spasms do not necessarily have them constantly or with equal severity.

The person who is paralyzed has increased susceptibility to disease, particularly in the kidney, bladder and other organs of elimination. Malfunctioning, blockage, infection and stone formation are potential physical complications affecting the excretory system. Many paralyzed persons can train themselves to use muscle control and remaining sensation to maintain normal excretory function. Others use catheters and bowel management programs.

The lack of sensation in the paralyzed parts of the body may create problems. Care must be taken to avoid exposure to severe heat or cold, scraping or rubbing that could cause injury to the paralyzed part of the body. The absence of sensation in the paralyzed portion of the body can also lead to the development of pressure sores or decubitus ulcers. When these ulcers are not treated properly, they grow, become badly infected and are difficult to cure. To avoid the development of decubitus ulcers, people who are paraplegic and quadriplegic must move periodically to shift their weight and restore circulation to pressure points.

Other physical complications may occur if the paralyzed person is inactive. These complications include loss of muscle power and function, circulatory problems and bone weaknesses (Davis, 1976).

A variety of aids and equipment are available to assist paralyzed persons. Mobility aids include manually-operated and motorized wheelchairs, crutches, canes and braces. Aids, equipment and mechanical devices also are available to assist in performance of daily living activities. Technological advances continue to expand the range of functional aids available.

Some individuals (expecially quadraplegics) require the services of a personal care attendant to assist with aspects of personal care they are unable to perform alone. For more information about personal care attendants, see the section on Orthopedic Handicap, "Daily Living Skills."

References

Bleck, E., & Nagel, D. *Physically handicapped children: A medical atlas for teachers.* New York: Grune & Stratton, 1975.

Davis, D. *It's about time physical disabilities came out in the open! Part I.* Madison, WI: Wisconsin Vocational Studies Center at the University of Wisconsin-Madison, 1976.

Kirk, S. *Educating exceptional children* (2nd ed.). Boston: Houghton-Mifflin Company, 1972.

Saltman, J. *Paraplegia: A head, a heart, and two big wheels.* New York: Public Affairs Committee, 1965.

Medical Aspects

Definitions of blindness range from complete loss of sight to varying degrees of residual vision. In the United States, legally blind is defined as vision of 20/200 or less, in the best eye with the best possible correction, or visual acuity of more than 20/200 when the width of the field of vision is 20 degrees or less. Simply stated, a person who is legally blind can see — with best correction -- at 20 feet what a person with "normal" 20/20 vision can see at 200 feet. Or the person has a very narrow field of vision.

Low vision is typically classified as best corrected vision between 20/60 and 20/200. Some people are termed functionally blind. A functionally blind person can have better than 20/200 vision, but cannot read standard size print.

Many types of visual impairment are congenital in nature. This means the impairment was caused either before or at the time of birth. Approximately 70% of the cases of limited vision are congenital (Davis, 1977). In many instances, congenital visual impairment can be attributed to disease or genetic factors leading to hereditary diseases. For example, if the mother contracts Rubella, also known as German measles, during the first trimester of pregnancy, this can lead to visual impairment in the unborn child. Rubella can also cause other types of congenital defects.

Another type of congenital visual impairment is caused by retrolental fibroplasia, which is the growth of fibrous tissue behind the lens of the eye. This condition, which was particularly prevalent in the 1940s, was traced to the administration of excessive amounts of oxygen to premature infants. The high levels of oxygen promoted the formation of the fibrous tissue. While the source of the problem has been determined, even today sporadic cases still occur in some hospitals (Davis, 1976). One other type of congenital visual impairment, strabismus, is a condition involving crossed eyes. Strabismus is a problem associated with congenital forms of cerebral palsy and other neurological diseases (Blech & Nagel, 1975).

Congenital visual impairment can also be caused by hereditary diseases which can affect the eye exclusively, or in connection with other organ systems. Examples of hereditary diseases include:

> Albinism: This hereditary disease produces very poor vision, in addition to an annoyance with bright light. This disease is classified as an autosomal recessive condition, which means albinism can occur without any previous hereditary history of the disease.

Anirida: Another hereditary disease which affects visual development is Anirida. This disease, unlike Albinism, is autosomal dominant, which means the disease is passed on from one generation to the next. Anirida results in mild to severe partial absence of the iris, nystagmus, cataracts, glaucoma and decreased vision. Anirida has been associated with the development of a malignant tumor of the kidney, called Wilm's tumor.

Dwarfism: This is a type of hereditary disease which can lead to visual impairment.

In contrast to congenital visual impairment, some people are adventitiously visually impaired. This means the impairment was caused following birth. Most adventitious visual impairment is caused by one of the following diseases:

Cataracts: This disease is usually described as a cloudiness of the lens. The cloudiness blocks the light necessary for vision. Some common symptoms of cataracts are blurring vision, double vision and a need to change glasses frequently. Surgery with corrective lenses is about 95% effective.

Glaucoma: This disease develops gradually and painlessly. As a result of increased fluid pressure inside the eyeball, the outside portions of the optic nerve cannot function and side vision is reduced. Uncontrolled glaucoma can reduce vision to a tiny spot in the center of the visual field and eventually result in blindness (Durham, 1978). In cases of acute glaucoma, vision rapidly becomes cloudy and is accompanied by severe pain in and around the eyes. Glaucoma can be arrested by drugs or surgery. However, the resulting visual impairment can never be reversed.

Macular degeneration: This disease affects the central part of the field of vision. The macula is the central portion of the retina where vision is clearest. When it is affected, the person may have good peripheral vision, but is not able to see to read or drive a car (Dunham, 1978). Macular degeneration usually occurs with aging, but can also occur in conjunction with deafness, certain forms of muscular dystrophy or hereditary spinal cord degeneration.

Diabetes: Although diabetes itself does not cause visual impairment, many visual problems can be associated with diabetes (Bleck & Nagel, 1975). Diabetes induced visual impairment is characterized by retinal hemorrhages and excessive drainage of the retina. Hemorrhaging of the retina produces dark spots in the visual field and occasionally causes blindness (Dunham, 1978). In cases of visual impairment associated with diabetes, the duration of diabetes, rather than its severity, is seen as the important factor in producing visual changes.

In addition to disease, traumatic or acquired conditions can cause visual impairment. Examples of traumatic conditions are: tracoma, viruses, retinal detachment, tumors, hypertension and arteriosclerosis.

Accidents are also a common cause of blindness. In fact, approximately 1,000 eye accidents occur each working day (Davis, 1977).

Other physical limitations need to be considered in association with visual impairment. These limitations include: restricted experiences with the object world, limited mobility and a reduced capacity to control the environment (Bleck & Nagel, 1975). Particularly in the case of congenital blindness, judgment of spatial relations may be affected, which, in turn, creates problems in mobility training. A congenitally blind person has never seen his body in relationship to space. As a result, he has trouble understanding the distances and sizes of objects in comparison to his body size. Both space and geometric patterns can pose special problems. Many blinded persons, both congenital and adventitious, can define a square, but are unable to explain the relationship of a street on their left, after making a 90 degree turn. Finally, another physical limitation frequently associated with blindness is abnormal posture and gait. To correct this problem, some professionals recommend special exercises, reflex splinting and weights on the extremities in addition to mobility training (Davis, 1976).

Treatment for visual impairment, of course, varies according to the particular cause. Surgery and drug therapy are major modes of treatment. The role of eye banks is a frequently misunderstood aspect of treatment. The whole eye cannot be transplanted. However, eye banks can provide portions of the eye, such as the cornea, that can be surgically transplanted onto a damaged eye. Donors will their eyes for these purposes. In some cases, successful transplants can result in dramatic improvement in vision (Dunham, 1978).

References

Bleck, E., and Nagel, D. *Physically handicapped children: A medical* atlas for teachers. New York: Grune & Stratton, 1975.

Davis, K. *It's about time visual impairments came out in the open*! Madison, WI: Wisconsin Vocational Studies Center at the University of Wisconsin, 1977.

Dunham, J. R. Blindness and visual impairment. In R. M. Goldenson (Ed.), *Disability and rehabilitation handbook*. New York: McGraw-Hill, 1978.

Title Blindness and Diabetes

Subject VI Med Aspects

Author

Date

Description

booklet,
16 pages

Annotation

This booklet is designed to help the blind diabetic in living independently and caring for his condition. It also provides information for friends and family of the newly blinded individual as well as professionals who work with the blind diabetic. The booklet describes medical aspects, physical complications, emotional factors, rehabilitation, daily routines, and myths and attitudes.

Cost

Publisher

American Foundation for the Blind, 15 West
16th Street, New York, NY 10011

Additional Information

Item Lions Eye Bank and Research Foundation

Category VI Med Aspects

Description

This is a national foundation for eye research and sponsorship of eye banks. The foundation is a service program the Lions Club International.

Address

Lions Eye Bank and Research Foundation,
1812 K Street, N.W., Washington, D.C.
20006

Phone

Additional Information

CHAPTER 3

Myths

Myths - those misconceptions on the part of disabled and nondisabled people that grow from lack of accurate information - can have a powerful impact on attitude formation. Yet often this influence goes unrecognized. By pinpointing these myths and providing accurate information, attitudinal barriers can give way to increased awareness of the concerns of all persons, both handicapped and non-handicapped.

MYTH: Disability is a constantly frustrating tragedy. All persons with disabilities are courageous, inspirational, "super people" in the ways they are able to overcome their handicaps.

FACT: Disability is an inconvenience. Most people with disabilities are not constantly preoccupied with their disabilities. They simply live their lives as normally as they can. Stereotypes are no more appropriate for disability groups than they are for minority groups. Each person with a disability is an individual who will react to the disability in his or her own way.

MYTH: People with disabilities are poor souls who are sad... "It's so good that you can still smile. Heaven knows you don't have much to be happy about."

FACT: People with handicaps are people first. They experience feelings of happiness and sadness in their lives just as anyone else.

MYTH: Disabled persons who are productive are rare, amazing, unusual.

FACT: All persons, disabled or nondisabled, have individual strengths and weaknesses. There is nothing amazing or unusual about productivity on the part of an individual who happens to have a disability. Dwelling on one's amazement about a disabled person's accomplishments communicates low expectations of that person.

MYTH: Disabled people are sick.

FACT: Presence of a disabling condition does not automatically imply sickness. Many disabled people are like everyone else - typically healthy yet subject to the usual minor ailments and illnesses.

MYTH: Disabled persons lead totally different lives and have totally different goals than others.

FACT: Approximately 40 million people in the United States have physical or mental disabilities. Most people with disabilities live at home and spend their time much like you do. They work, shop, eat at restaurants, raise children, and pay taxes. People with disabilities share many common interests and goals with able-bodied people.

MYTH: Disabled persons have special personalities, unique to their particular disability.

FACT: There are no special personality characteristics that can be attributed to any disability group. Disabled persons are individuals with personal characteristics and personalities that vary widely.

MYTH: Disabled people would rather stay with "their own kind."

FACT: For many years, disabled people were together because they attended separate schools and used separate facilities because of problems with accessibility. As a result, they naturally tended to socialize with other disabled people they met in these settings. As architectural and attitudinal barriers break down and people with disabilities are integrated in the community, nondisabled people will meet and socialize with disabled people as individuals, not just as members of a special group.

MYTH: Able-bodied people have an obligation to take care of people with disabilities.

FACT: When a disability results in a need for assistance, the disabled person can state a need and ask for assistance. We all need help now and again. As a matter of common courtesy, most people will help each other when there is a need. But a person who is disabled cannot take help for granted or put someone in a "step and fetch it" situation.

MYTH: It is rude for children to be curious or ask questions about people with disabilities.

FACT: Because children often ask questions that adults are afraid to ask, this sometimes makes adults feel uncomfortable. It is important that children not be discouraged from obtaining information to satisfy their curiosity, especially since discouraging questions can given the impression that discussing disability is bad. This in turn can give rise to fear. Children's curiosity can create an excellent opportunity for learning. Most disabled people are willing to answer such questions.

MYTH: Disabled people are not interested in sex.

FACT: Disabled individuals, like other people, are sexual beings regardless of the nature or severity of the disability. All disabled people can enjoy sexual relationships if sexual activity is adapted to accommodate the disability.

MYTH: Able-bodied people are disgusted by disability.

FACT: Reactions that may be interpreted as disgust may actually be feelings of sympathy, curiosity, fear or guilt. Able-bodied people may avoid communication out of a fear of saying the "wrong" thing. A disabled person may interpret this as rejection because of his or her appearance. As nondisabled and disabled people have increasing opportunities to interact socially and on the job, much of this discomfort will ease.

MYTH: Able-bodied people are insensitive about disability and the lives and concerns of disabled people.

FACT: It is incorrect to assume that all nondisabled people are insensitive to disability issues or that nondisabled people concerned about disability issues are "do-gooders." Many able-bodied people have friends, business associates or family members with disabilities and have an understanding of disability concerns. Many nondisabled people are sincerely interested in the human rights of all people, including the disabled population.

MYTH: Nondisabled people cannot possibly understand what it is like to be disabled and therefore should not become involved in disability issues.

FACT: People can be sensitive and understanding of issues without having a direct experience. After all, even two individuals with the same disability will have different experiences. Granted, disabled people should present their needs and desires for programs and services, but able-bodied individuals can support those decisions with whatever talents they can offer.

References

Biklen, D., and Bogdan, R. *Handicapism: a slide show*. Syracuse, N.Y.: Human Policy Press, 1976.

Counterpoint. Washington, D.C.: Regional Rehabilitation Insitute on Attitudinal, Legal and Leisure Barriers, 1978.

Free wheeling. Washington, D.C.: Regional Rehabilitation Institute on Attitudinal, Legal and Leisure Barriers, 1978.

The invisible battle: attitudes toward disability. Washington, D.C.: Regional Rehabilitation Institute on Attitudinal, Legal and Leisure Barriers, 1978.

Myths

Myths - those misconceptions on the part of disabled and non-disabled people that grow from lack of accurate information - can have a powerful impact on attitude formation. Yet often this influence goes unrecognized. By pinpointing these myths and providing accurate information, attitudinal barriers can give way to increased awareness of the concerns of all persons, both handicapped and non-handicapped.

MYTH: People with cerebral palsy are mentally retarded.

FACT: It is possible for individuals with cerebral palsy to have normal intelligence or even superior intelligence. Mental retardation may accompany cerebral palsy, but it is incorrect to assume that a person who has cerebral palsy is mentally deficient.

MYTH: People with cerebral palsy cannot walk or talk.

FACT: Cerebral palsy involves a configuration of associated disorders which vary widely from person to person. The particular functions affected and the resulting limitations cannot be assumed. Some individuals are able to walk with or without aids such as canes or braces, others use wheelchairs. Speech and language may or may not be affected. When speech is involved, the degree of involvement can range from minimal to severe.

MYTH: Cerebral palsy is inherited.

FACT: Statistics indicate that less than one percent of the cases of cerebral palsy are inherited (Davis, 1977). In some cases a condition that may lead to cerebral palsy (such as RH incompatibility) may be inherited but cerebral palsy itself is not hereditary. Cerebral palsy results from brain damange which can have a number of causes before, during or after birth.

MYTH: People with cerebral palsy should not marry or have children.

FACT: This myth frequently arises from the misconception that cerebral palsy is inherited, therefore individuals with cerebral palsy should not marry and have families. People with cerebral palsy can have normal children and successful marriage relationships.

MYTH: People who have cerebral palsy are not interested in sex.

FACT: People with cerebral palsy have sexual needs and interests just like anyone else. Unfortunately they sometimes encounter attitudes that suggest they are either asexual or oversexed if they express a normal interest in sexuality.

MYTH: The term "spastic" is another name for cerebral palsy.

FACT: Spasticity is one of three terms used to describe the major types of cerebral palsy. It refers to tightness and increased contraction of muscles that can affect the walking pattern and other movements. The term "spastic" is certainly not synonymous with cerebral palsy.

References

Bleck, E. E., and Nagel, D. A. (Eds.). *Physically Handicapped Children - A Medical Atlas for Teachers*. New York: Grune and Stratton, 1975.

Chipouras, S., Cornelius, D., Daniels, S. M., Makas, E. *Who Cares? A handbook on sex education and counseling services for disabled people*. Washington, D.C.: The Sex and Disability Project, 1979.

Davis, K. *It's about time physical disabilities came out in the open! Part II*. Madison, Wisconsin: Wisconsin Vocational Studies Center, University of Wisconsin-Madison, 1977.

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MYTH: People who have epilepsy are mentally ill.

FACT: This myth has its roots in past centuries when medical knowledge and understanding of the condition was severely limited. Superstition and misunderstanding led to the erroneous associaton between epileptic seizures and mental illness. People who have epilepsy are not mentally ill.

MYTH: Epilepsy is inherited.

FACT: The epileptic condition is not hereditary. Although some experts say that in some cases an inherited brain wave dysrhythmia or biochemical disturbance may predispose an individual to the development of seizures, it cannot be said that epilepsy is inherited. Some experts deny that any relationship whatsoever exists between epilepsy and heredity. Epilepsy can result from a number of defects of the brain including brain injury before, during or after birth, chemical imbalance, poor nutrition, brain tumors, some poisons and some infectious diseases.

MYTH: All people who have epilepsy have convulsions.

FACT: "Convulsions" is not just another term for "seizures." Convulsions involving uncontrolled muscular spasms may or may not be associated with a particular type of seizure. For example, grand mal seizures involve convusions; petit mal and psychomotor seizures do not.

MYTH: People usually outgrow epilepsy.

FACT: Epileptic seizures that begin in childhood usually continue into adulthood. In the case of petit mal seizures that begin in childhood (characterized by brief loss of consciousness, 5-20 seconds), this type of seizure occasionally disappears spontaneously as the child grows older. However, petit mal epilepsy can be mixed with or develop into other forms of epilepsy.

MYTH: Drug treatments can cure epilepsy.

FACT: Epilepsy cannot be cured in that no known form of drugs or treatment can guarantee that seizures will be permanently stopped. For the majority of people who have epilepsy, seizures can be controlled in varying degrees through careful use of anticonvulsant drugs. With medication, over 50% of individuals with epilepsy can be free from seizures and an additional 30% can experience partial control of seizures.

MYTH: People with a history of epilepsy can never be allowed to drive.

FACT: A person with controlled seizures can obtain a drivers license in some states (state laws vary). In addition, car insurance is becoming increasingly available for individuals with seizure-controlled epilepsy.

MYTH: If an individual has a seizure, always call an ambulance or get the person to a hospital as quickly as possible.

FACT: Recommended first aid procedures in the event of a seizure do not include hospitalization or request for the emergency medical services of an ambulance unless the seizure lasts for more than 10 minutes. Also, if the individual seems to pass from one seizure into another without regaining consciousness. This is a rare but true emergency that requires a doctor's immediate attention. (see "What Do You Do When..." section of the resource guide for more detailed information about first aid for seizures.)

MYTH: If convulsions occur during a seizure, force the mouth open to put a spoon or similar instrument between the person's teeth to prevent injury to the tongue.

FACT: This is a common misconception about first aid treatment for seizures. It appears to have developed from the notion that this might prevent the person from biting his or her tongue during a seizure. However, attempts to force the mouth open or insert an instrument can damage the teeth or gums or cause further damage if fragments of broken teeth are taken into the lungs. By the time the person's teeth have become clenched during a seizure, the tongue has or has not already been bitten and there is no point in attempting to force the mouth open.

References

Davis, K. It's about time physical disabilities came out in the open! Part III. Madison, Wisconsin: Wisconsin Vocational Studies Center, 1977.

Recognition and first aid for those with epilepsy. Washington, D.C.: Epilepsy Foundation of America, 1973.

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MYTH: All deaf people are unable to speak.

FACT: Many deaf persons speak. Deaf people have normal physical vocal ability and many learn to use their voices through speech training. But because they cannot hear themselves speak, deaf people cannot automatically control voice tone and volume like hearing people can. Even after a deaf individual has years of speech training, the speech of a deaf person may be difficult to understand, especially at first. However, some deaf people may feel uncomfortable about speaking in public because of negative reactions they've experienced in the past.

MYTH: People who are deaf aren't very bright because they haven't learned to talk or use correct grammar.

FACT: The "first" language and basic form of communication for many deaf people is sign language. Because of this, many deaf individuals may not have mastered all the grammatical fine points of English, which is like a second language for them. This certainly is not an indication that the individual lacks intelligence.

MYTH: Use of hearing aids totally corrects hearing impairments.

FACT: Hearing aids can improve hearing for some individuals but they do not necessarily correct hearing. For instance, a hearing aid may enable a person to hear voices but not necessarily enable the person to understand distinct words. Use of a hearing aid does not mean that the person can hear normally.

MYTH: Deaf people cannot read.

FACT: One cannot make assumptions about the reading level of individuals who are deaf. It is incorrect to assume that one sensory impairment (in this case hearing) affects all other functioning such as reading. This "spread effect" is a common misconception. On the other hand, it is equally incorrect to assume that all deaf individuals have reading skills commensurate with nonhearing impaired people of their age group.

For deaf individuals, lack of training and other factors can result in lower reading levels.

MYTH: All hearing impaired people can read lips.

FACT: As with any other skill, the ability to lip-read varies among people. But even a practiced deaf individual can understand only 30-40% of spoken sounds by lip reading (Sound Barrier, 1978). Many words look the same on the lips but have vastly different meanings (e.g. bump and pump).

MYTH: Sign language is universal.

FACT: American Sign Language, French Sign Language, and British Sign Language differ as much or more than the spoken languages differ. For example, a deaf American who knows only his own sign language could not understand two British people signing to each other in British Sign Language.

MYTH: Sign language is just glorified gestures without grammatical structure.

FACT: Sign language is not a series of gestures or random spontaneous hand movements. To an observer unfamiliar with sign, it may appear to consist of random hand movements, but sign language actually consists of signs that are structured movements in the same way that words are structured sounds. There are rules of use for sign language just as there are for spoken language. The opinion that American Sign Language (ASL) is ungrammatical often results from attempts to make sign-for-word translations from ASL to English. This is unsuccessful because ASL is an independent language with it's own grammar, just as French has a grammatical structure which is unrelated to English grammar.

MYTH: It's better for deaf individuals to learn sign language and use that means, rather than speech, to communicate.

FACT: Since relatively few people, disabled or nondisabled, know sign language, opportunities for communication are limited. Interaction may be facilitated by use of total communication (communication which includes all methods such as lip reading, speech, finger spelling, gestures, writing, etc.). The individual should choose that method of communication which is most effective, comfortable and appropriate.

MYTH: Deaf persons lead lives that are totally different from other people's.

FACT: Most deaf persons who live at home occupy their time in many of the same ways that nonhearing impaired people do. They go to work, marry, have families, go shopping, drive cars, and pay taxes. Individual differences always exist but it is likely that hearing impaired and nonhearing impaired people can meet and share mutual interests.

MYTH: Deaf people are not interested in the arts - plays, movies, dances - because they cannot hear.

FACT: Throughout history deaf persons have contributed to the performing arts. The National Theatre of the Deaf is an excellent example. As long as there is visual image and rhythm, deaf and hearing impaired individuals can be performers and patrons of the arts.

References

Beyond the sound barrier. Washington, D.C.: Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, 1978.

Markowicz, H. American sign language: Fact and fancy. Washington, D.C.: Public Service Programs, Galludet College, 1977.

Myths

Myths - those misconceptions on the part of disabled and non-disabled people that grow from lack of accurate information - can have a powerful impact on attitude formation. Yet often this influence goes unrecognized. By pinpointing these myths and providing accurate information, attitudinal barriers can give way to increased awareness of the concerns of all persons, both handicapped and non-handicapped.

MYTH: Mental retardation cannot be prevented. It is inherited.

FACT: Mental retardation can result from more than 200 causes. Environmental, social, cultural, and medical deprivation account for most cases of mental retardation and these cases can be prevented with early detection, screening, family education and good medical care. Heredity causes only a small portion of the cases of mental retardation. Most cases of retardation occur after conception as a result of environmental deprivation or trauma.

MYTH: Mentally retarded persons are lifelong children.

FACT: Mentally retarded persons are individuals - fellow citizens with rights, feelings, wishes, hopes, and goals just like everyone. They deserve and wish to be treated with respect, as adults, not talked down to or protected like children.

MYTH: Mentally retarded people have easy-going, affectionate, happy-go-lucky personalities.

FACT: There is no universal personality type that can be associated with mental retardation or any other disability. Mentally retarded people are individuals who differ in personality as much as any other people.

MYTH: Mentally retarded people are also mentally ill.

FACT: Mental retardation and mental illness are frequently confused. Mental illness refers to emotional or psychological problems. Mental retardation refers to delayed or limited development in learning. Although mentally retarded people may experience emotional and/or social problems at some point in their lives, the incidence of mental illness is no higher for mentally retarded people than for any other group in this society.

MYTH: Property values in a neighborhood go down when group homes with mentally retarded people move into the community.

FACT: Property values do not decline because group homes come into a community. A mentally retarded person is as good a neighbor as anyone else moving into a neighborhood. This myth is perpetuated by neighborhood groups who are afraid to include citizens who are mentally retarded in their communities.

MYTH: Society has a moral obligation to take care of people who have mental retardation.

FACT: Society is legally required to guarantee certain rights to all citizens - rights to education, training, community living so that the maximum level of independence can be achieved. But society is under no moral obligation to give charity and pity to citizens who are mentally retarded.

MYTH: Mentally retarded persons cannot be useful citizens. They remain dependent children forever.

FACT: With appropriate education and training the majority of mentally retarded citizens can hold competitive jobs. Mentally retarded people can live in the community in a range of noninstitutional settings. All people can be educated and trained to develop to their fullest potential as citizens.

MYTH: People with mental retardation cannot be good parents.

FACT: Being a good parent does not depend on IQ, disability or economic status. With training, information, guidance and support mentally retarded people have the potential to cope effectively with the responsibilities of parenthood.

MYTH: Sex education for mentally retarded people will cause increased sexual activity and as a result retarded persons will produce large numbers of mentally retarded offspring.

FACT: This myth began in the 1890 to 1920s when it was believed mental retardation was hereditary. Now, this myth is known to be incorrect on two counts. First, research (Chipouras, 1979) shows that participation of retarded people in sex education courses heightens maturity level of attitudes about sexuality - ignorance is far more likely to result in inappropriate sexual behavior. Second, heredity causes only a small proportion of mental retardation.

MYTH: People with mental retardation have abnormally strong sex drives which they cannot control.

FACT: Mentally retarded people have the same needs and feelings as any of us do. However, behavior that is acceptable from a "normal" person is sometimes considered unacceptable from someone who is different (Chipouras, 1979). In this framework, many people are shocked when mentally retarded people express desires to follow the normal sociosexual model (to mate, marry and have children). In addition, the uninhibited openness and friendliness a mentally retarded person may express in a social situation can be misinterpreted as being frightening or unnatural.

References

Chipouras, S., Cornelius, D., Daniels, S. M., and Makas, E. Who cares? A handbook on sex education and counseling services for disabled people. Washington, D.C.: The Sex and Disability Project, 1979.

Dignity. Washington, D.C.: Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, 1978.

Myths

Myths - those misconceptions on the part of disabled and non-disabled people that grow from lack of accurate information - can have a powerful impact on attitude formation. Yet often this influence goes unrecognized. By pinpointing these myths and providing accurate information, attitudinal barriers can give way to increased awareness of the concerns of all persons, both handicapped and non-handicapped.

MYTH: Use of a wheelchair, braces, or crutches is a tragedy.

FACT: Because of the many architectural barriers that exist (narrow doors, steps, etc.), use of wheelchairs or other mobility aids are sometimes inconvenient. But orthopedically handicapped people do not lead unhappy despairing lives because they do not walk or because they need mobility aids. Typically, they are not preoccupied with thoughts of the desire to walk. In fact, for the most part, wheelchairs or other aids offer freedom of movement to people with an orthopedic handicap.

MYTH: All people who use wheelchairs are paralyzed and confined to their wheelchairs.

FACT: Not all wheelchair users are paralyzed. Many can walk with aids such as canes, walkers or crutches but they prefer to use a wheelchair because it offers increased speed and mobility. Wheelchair users often transfer to cars or furniture - they are not "confined" to a wheelchair.

MYTH: People who use wheelchairs are sick.

FACT: Use of a wheelchair does not mean that the individual is sick. This myth may have begun because wheelchairs are used in hospitals. Persons with various disabilities may use wheelchairs, many of whom have no accompanying health problems.

MYTH: It is rude for children to ask questions or express curiosity about orthopedic handicaps.

FACT: Children's curiosity provides wonderful learning opportunities and wheelchair users and other orthopedically handicapped people are usually willing to answer their questions. If children get the impression that discussion of disability is wrong, they can develop fear about orthopedic handicaps.

87

MYTH: Orthopedically handicapped people are dependent people.

FACT: Use of a wheelchair or other adaptive device does not necessarily imply dependence. Many wheelchair users work, have families, drive, shop, and take care of daily living needs. Adults with orthopedic handicaps are adults.

MYTH: People who use wheelchairs or have orthopedic handicaps can't enjoy sex.

FACT: Like other people, people with orthopedic handicaps are sexual beings. Some orthopedically handicapped people have normal sexual functioning and some have limitations in sexual functioning because of the disability. But no matter how severe the disability all people with orthopedic handicaps can enjoy sexual relationships if sexual activity is adapted to accomodate the disability.

References

Free wheeling. Washington, D.C.: Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, 1978.

Myths

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MYTH: Blind people have exceptionally good senses of touch, smell, and hearing.

FACT: Individuals who are blind do not automatically possess extraordinary senses of touch, smell, or hearing. Because of a visual impairment, an individual may develop techniques that make use of other senses to aid in daily functioning. This does not mean the person has "super sensitivity."

MYTH: All blind people can read braille.

FACT: Fewer than half of all blind people can read braille. Many blind individuals use recordings of books, magazines, correspondence, etc. instead of, or in addition to, brailled materials.

MYTH: Always speak loudly when addressing a visually impaired individual.

FACT: It is not accurate to assume that a visually impaired individual is hearing impaired. This common erroneous belief appears to stem from the "spread effect," the tendency to assume that an individual with a particular disability is disabled in all areas. Speak directly in normal tones to the individual who is visually impaired (not to the person's companion). The individual will let you know if he or she cannot understand you.

MYTH: All blind people have seeing eye dogs.

FACT: Guide dogs are only one of several mobility and orientation methods available to blind individuals. Many individuals choose to use canes rather than dog guides because the care and use of a guide dog does not fit with their preferred lifestyle.

MYTH: Blind and visually impaired people are dependent and society has a responsibility to take care of them.

FACT: The presence of a visual disability does not imply dependence on other individuals or on society. A great many visually impaired people work, have families, shop, care for homes, and pay taxes. Through use of adaptive equipment and techniques, visually impaired people can perform many daily living activities.

MYTH: All blind people are musically talented.

FACT: Musical interests and talents vary in the blind population as much as in the seeing population. A blind person may enjoy or be good at music, but this is an individual preference and should not be forced on a person because he or she is blind. Because there may be few opportunities to interact socially with blind individuals and discover individual differences, such stereotypes often persist.

References

Dickman, I. R. Living with blindness. New York: Public Affairs Committee, 1977.

Recreation and the blind adult. New York: American Foundation for the Blind.

CHAPTER 4

Attitudes

Attitudinal barriers can be defined as "a way of thinking or feeling resulting in behavior that limits the potential of disabled people to be independent individuals" (Dignity, p. 5). Attitudes may well be the single most pervasive barrier confronting disabled people. Attitudes can create opportunities or destroy them, motivate constructive action or prevent it, foster positive self-concept or undermine it. Attitudes on the part of disabled and non-disabled people affect disabled individuals in a myriad of ways.

Semantic Implications

Labeling and terminology can have powerful influence on behavior (Ullmann & Krasner, 1975), as well as convey and shape attitudes. Although they have sometimes been used interchangeably, the distinction between the terms "disability" and "handicap" is sometimes made. More than two decades ago, Hamilton (1950) differentiated between these terms when he defined disability as "a condition of impairment, physical or mental having an objective aspect that can be described by a physician" and handicap as the limitations or obstacles to functioning that accompany the disability (p. 17).

Environments as well as physical or mental impairments can handicap a person (Rehabilitation Needs and Alternatives, 1978). Describing an individual as architecturally handicapped focuses one's attention on a completely different set of variables than those involved in describing that same individual as physically handicapped. The former locates cause and solution within the environment (Bowe, 1978), while the latter locates cause and solution within the person. This semantic distinction and the resulting effect on attitudes can have a powerful impact in the action that is likely to be enacted to remedy a problem.

Labeling and Spread

Labels focus attention on one aspect of the person, on the aspect that is different from others. As a result, the labeled individual and those around him tend to respond in terms of that label. For example, a person labeled mentally retarded may be limited only in certain abstract areas and be very capable in others. However, because the label elicits certain reactions, people tend to respond to this person as being retarded in all situations. Not only do others respond in this way, but the individual may also respond according to the dictates of that label which influence self-concept and self confidence. Ultimately, labeling has the effect of increasing the behavior that fits the label (Scheff, 1975; Ullmann & Krasner, 1975).

Wright (1960) recognized the importance of labels in her discussion of the negative impact of phrases such as "disabled person," "the disabled" or "the handicapped." These emphasize the person's disability, implying that it is the most important characteristic. For example, the phrase "disabled person" implies that the total person is disabled. Wright recommends use of terminology which separates the physical or mental attribute from the total person. The phrase "person with a disability" is preferred, indicating that the disability is only one of many identifying characteristics of the total person. Although it may be awkward at times to use the preferred terminology, Wright's point is a valid one worthy of consideration. Linguists have long recognized that language shapes our perceptions of the world. It may well be that certain terminology reinforces the negative perception of disabled people as completely incapacitated and inadequate.

Spread refers to the misperception that the whole person is impaired by a disability, as though the disability spreads to the person's other abilities (Wright, 1960, 1975). For example, people often talk to the non-disabled companions of people who have obvious physical impairment, as if they are not mentally capable of conversing. People speak loudly to individuals who are blind as though they have a hearing impairment. The error of such assumption is clearly conveyed in the following incident. A visibly physically disabled rehabilitation counselor accompanied a client who was mentally retarded to a job interview. When the personnel director greeted them he addressed the client by the counselor's name and discussed a previous phone conversation. The client was, of course, bewildered, and to the personnel director's embarrassment, the counselor had to explain that she was, in fact, the counselor. It seemed that once the physical disability was perceived, the mental disability was automatically assumed.

Attitudes and Self-Concept

The feedback an individual receives from others has an effect on feelings of self-worth and overall self-concept. Sometimes even well-meaning, protective actions can convey the message that the individual is socially unacceptable or set apart from other people.

This is demonstrated in the following situation. Cindy, a 13-year-old who has cerebral palsy, expressed an interest about a boy in her class to her mother (The Invisible Battle, 1978). Her mother responded that someday a very special man will come along and like Cindy and may even marry her, but developing the mind is more important than thinking about boys. This response conveyed two attitudes -- that people with disabilities need to be protected from reality and that people with disabilities are not supposed to be interested in sexual relationships. Her remarks implied that the disability is so distasteful that only an extraordinary man could want to marry Cindy. Expressions of such attitudes can undermine confidence and feelings of self-worth.

Another such situation exists with David, a wheelchair user who patronizes a local bar and discotheque to socialize and meet people. He requested that the owner install a ramp so that he could get in and out without assistance (The Invisible Battle, 1978). The owner replied that the management staff would always be willing to assist David or he could come with friends. Although many may feel that the owner's attitude was very reasonable and generous, the resulting situation depicted David as being helpless and different from the other customers as soon as he entered the bar. This could result in David's loss of self-esteem and independence.

Changing Attitudes

Attitudes and accompanying behaviors can be changed by increasing awareness of their impact on other people, by providing factual information and by developing opportunities for direct experience and interaction. Awareness-building programs and public education campaigns have just begun to break down some of the attitudinal barriers and undo some of the stereotyping and prejudice.

As persons with disabilities are integrated into the community -- schools, housing, civic activities and social situations -- disabled and non-disabled people will have increased opportunities to interact and meet as individuals with similar interests and goals. This integration can be facilitated by awareness-building and educational efforts. The awareness campaign needs the full support of everyone, disabled and non-disabled, who can offer their talents -- educators, counselors, administrators, government officials, employers and the general public.

References

Bowe, F. Handicapping America: barriers to disabled people. New York: Harper & Row, 1978.

Burkhead, E. J., Domeck, A. W., and Price, M. A. The severely handicapped person: Approaches to career development. Columbia, MO: Lifelong Career Development Project, University of Missouri-Columbia, 1979.

Dignity. Washington, D.C.: Regional Rehabilitation Institute on Attitudinal, Legal, and Leisure Barriers, 1978.

Hamilton, K. W. Counseling the handicapped in the rehabilitation process. New York: Ronald, 1950.

The invisible battle: Attitudes toward disability. Washington, D.C.: Regional Rehabilitation Institute on Attitudinal, Legal, and Leisure Barriers, 1978.

Rehabilitation needs and alternatives. Rehabilitation Brief, 1978, 1 (1).

Scheff, T. J. (Ed.). Labeling madness. Englewood Cliffs, NJ: Prentice-Hall, 1975.

Ullmann, L. P., & Krasner, L. A psychological approach to abnormal behavior. Englewood Cliffs, NJ: Prentice-Hall, 1975.

Wright, B. A. Physical disability--a psychological approach. New York: Harper & Row, 1960.

Wright, B. A. Social-psychological leads to enhance rehabilitation effectiveness. Rehabilitation Counseling Bulletin, 1975, 18, 214-223.

Attitudes and Handicapped Individuals:
Audio-Visual Materials

CRIP-TRIPS. The film, frank and absorbing, is concerned with attitudes towards disabled people. Its approach is through three disabled people who speak of their lives. (source: Disability Attitudes: A Film Index) Black & white, 16 minutes.

Center for Independent Living, Berkeley, CA 93301.

FITTING IN. Three persons illustrate how handicaps can be surmounted and how they can be helped to "fit" into society. An epileptic individual works in a factory, a retarded young woman is ready to move out into the community, and a person with cerebral palsy drives, plays golf, and teaches. (source: Disability Attitudes: A Film Index) 16 mm, color, 27 minutes.

Rent ($15.00), Purchase ($220.00): University of Wisconsin Extension, Bureau of Audio-Visual Instruction, 1327 University Avenue, Madison, WI 53706.

HANDICAPISM. This slide/tape presentation reviews personal, professional and societal attitudes towards disabilities. It describes why services, fund raising techniques and materials about people with disabilities need to be presented in a way which treats them as people first. The presentation also addresses ways in which attitudes can be changed. (source: Disability Attitudes: A Film Index) Slide/tape, 45 minutes.

Purchase ($50.00): Human Policy Press, Box 127, University Station, Syracuse, NY 13210.

HELP WANTED. 1978. Film, reveals the conflict suffered by handicapped people who wish to go to work, but risk losing the medical benefits and assistance of Supplemental Security Income (SSI) payments. The case of a woman who went to work, lost her payments and later committed suicide effectively illustrates the dilemma created by this difficult choice. 16 mm, color, videocassette.

Carousel Films, 1501 Broadway, New York, NY 10036.

LEO BEUERMAN. This is an inspirational portrait of a 68-year-old man born with severe physical handicaps (deafness, failing sight, misshapen body). The film shows Leo's determination to overcome adversity through the exercise of his inventive mind. Leo talks about his life and shows some of the pulleys and platforms he has designed to help himself move about. (source: Disability Attitudes: A Film Index) 16 mm, color, 13 minutes.

Rent ($15.00): University of California, Extension Media Center, Berkeley, CA 94720. Order No. 8199, (415) 642-0460.

Purchase ($190.00): Centron Educational Films, 1621 W. Ninth Street, Lawrence, KS 66044. (913) 843-0400.

RISING EXPECTATIONS. United Cerebral Palsy Association, Inc. The film explores various ways that disabled people are making advances in the areas of employment, housing, education, transportation and recreation. The film points out that improvements are occurring in many areas of the life situations of handicapped persons, but that much more needs to be done. Color, 28 minutes.

Purchase ($85.00): United Cerebral Palsy Association, Inc., 66 East 34th Street, New York, NY 10016. Also available on loan.

SYNTHESIS. Shows handicapped people and non-handicapped people in a variety of everyday situations: college graduation, shopping, studying, working. The movie suggests the value of the integration of handicapped people into society. (source: Disability Attitudes: A Film Index) 16 mm, color.

Rent ($50.00), Purchase ($135.00): Barrier Free Environment, Inc., P.O. Box 53446, Fayetteville, NC 28305.

WALK WITH ME. The film explores the needs and attitudes of handicapped people and examines the attitudes of others toward them. A number of handicapped individuals show how, with help, they become productive self-supporting citizens. (source: Disability Attitudes: A Film Index) 16 mm, black & white, 22 minutes.

Rent ($7.50): Indiana University, Audio-Visual Center, Bloomington, IN 47401, Order No. ES-753.

WHO ARE THE DEBOLTS (AND WHERE DID THEY GET 19 KIDS)? This 1978 Academy Award winning documentary is about a family with 19 children, 15 of whom are adopted. The children include handicapped Korean War orphans, and Vietnamese children who are blind and paraplegic. (source: Disability Attitudes: A Film Index) 16 mm, color, videocassette, 72 minutes.

Rent ($100.00), Purchase ($900.00), Video ($675.00): Pyramid Films, Inc., P.O. Box 1048, Santa Monica, CA 90406.

Title Non-Sexist Child Development Project Posters

Subject HG Attitudes

Author Non-Sexist Child Development Project

Date

Description

first set: six 11" X 14" posters

second set: nine 11" X 14" posters

Annotation

First set of posters shows handicapped adults in a variety of careers and family scenes.

Second set of posters pictures handicapped and non-handicapped preschoolers working together in various activities.

Cost

first set: $5.00
second set: $6.50

Publisher

Women's Action Alliance, Inc., Non-Sexist
Child Development Project, 370 Lexington
Avenue, New York, New York 10017

Additional Information

Title Handicapping America: Barriers to Disabled People

Subject HG Attitudes

Author Bowe, Frank

Date 1978

Description

hardback book
254 pages

Annotation

Bowe's book explores the ways in which attitudinal barriers and related barriers that result from lack of awareness serve to handicap disabled Americans in their efforts to live as productive members of society. The book provides a historical perspective as well as an ongoing view of issues that affect disabled persons in the areas of employment, transportation, housing, education, and attitudinal and architectural barriers. It also offers an empathic glimpse of what a typical day is like for persons with various disabilities.

Cost

$10.95

Publisher

Harper & Row, 10 East 53rd Street, New York,
New York 10022

Additional Information

Programs To Build Awareness About Disability-Related Concerns

Sensitivity and awareness can be increased in many ways -- through provision of accurate information, through direct experience, through opportunities that facilitate identification with a particular person or situation. Many formal or structural methods are available to increase awareness about the concerns of handicapped people. The particular approach that is right for your situation depends upon your specific goals, the audience and available resources (money, time, manpower). The following is a brief overview of some of the approaches that have been used:

> Workshops, Seminars, Programs: These can be as general or as specific as your goals dictate. Examples: A community program open to the general public presents "how to" information about ways to interact with handicapped people. A workshop for local employers is geared to present factual information about handicapped workers as well as information about affirmative action practices. A seminar on campus introduces students and faculty to the needs and concerns of handicapped students.
>
> TV and Radio "Spots:" These brief presentations can be a relatively inexpensive way to bring the issues and concerns related to handicaps before the general public. Many national disability organizations can furnish TV and radio announcements already prepared for this purpose.
>
> Local TV and Radio Programs: These might include a radio interview with disabled citizens or professionals working with them; interviews with disabled consumers on a local TV talk show.
>
> Printed Materials: Posters, brochures and flyers can be distributed to the general public through local merchants, public offices or agencies.
>
> Handicapped Awareness Day or Week: This involves a combination of activities during a specified time period. Activities might include speakers, seminars and workshops, TV and radio presentations, and distribution of printed materials.

Several specific techniques have been especially effective in increasing awareness of handicapped concerns. These include role playing, simulation activities, skits or "Theatre of Spontaneity," question and answer formats, and audio-visual presentations.

Role playing is a versatile educational tool that can enhance awareness and sensitivity. People can use role plays to practice certain behaviors. For example, in a role played situation, an individual can practice how he or she would respond to a wheelchair user's request for assistance. Or a group of individuals might role play a social situation that involves a disabled person. Role plays can enhance participants' understanding of the experiences and issues associated with disability.

Simulation activities are an especially effective form of role playing. In these activities, each participant adopts a different disability for a specified period of time. Blindfolds, headphones, wheelchairs can be used to simulate the effects of various disabilities. Sometimes participants are required to perform certain tasks while "disabled." For example, a person in a wheelchair simulating an orthopedic handicap may be required to have lunch in a cafeteria to gain first hand experience balancing a tray in lap. Another individual may be required to buy a stamp and mail a letter while blindfolded. Or, individuals may continue with their daily routines while simulating a disability. These experiences provide excellent tools for developing sensitivity and empathy about the daily experiences of disabled people. They also educate participants about handicapping aspects of the environment. In conducting such activities, you may choose to allow participants to pick the disabilities they wish to simulate.

The Broome County Council of Rehabilitation in Binghamton, New York, used skits and the "Theatre of Spontaneity" to educate children and adults in ways to interact successfully with handicapped people. For example, the council conducted a skit of the "Tortoise and the Hare" at grade school classes to teach skills in relating to mentally retarded people. In working with adult audiences, they used the Theatre of Spontaneity in which actors ad lib a situation involving a handicapped individual and stop at crucial points for discussion between audience and actors.

Question and answer sessions between handicapped speakers and the audience create an appropriate arena for communication. The Disability Awareness Program (EAP) of San Diego, California, uses this format. Teams of three disabled adults visit grade school classes to talk about themselves, and answer questions. They begin the 45 minute session with a brief slide presentation "Dare to be Different." After the slide presentation, each member of the team tells about his or her disability, the types of adaptations that are required, and ways to relate comfortably with a person who has that disability. Talks are followed by a question and answer period.

Audio-visual presentations can be highly effective. A wealth of films, slide-tapes and videotapes is geared specifically to increase awareness or change attitudes about handicapped people. Films and AV presentations are most effective when followed by group discussion. Discussion guides are provided with some films. Remember that films can have powerful and somewhat unpredictable effects. A skilled discussion leader should be available to help the audience process their reactions.

Whatever approach to awareness building that you choose, remember that many resources are available -- films, audiovisual aids, printed materials, and prepared public service campaigns. Also, community volunteers, civic groups or disabled individuals from the community may be willing to assist with your program. Contact the office that coordinates volunteers in your community or the Chamber of Commerce.

References

Educating everyone in handicapping relations. *Innovations*, Fall 1978, pp. 34-35.

Hoye, P. Teaching others about disability. *Disabled USA*, 1978, *2* (2), 12-15.

Public Information and Education Office of Arkansas Mental Retardation -- Developmental Disabilities Services. *Materials on mental retardation for use with broadcast media*. Little Rock, AR: author.

Disability Awareness Programs

BOOKS ABOUT HANDICAPS: FOR CHILDREN AND YOUNG ADULTS. Bishop, P., 1978. Available from: Meeting Street School, Rhode Island Easter Seal Society, East Providence, RI 02814. This is an annotated bibliography of books about disability, arranged by handicapping condition. The fiction and non-fiction books are appropriate for children.

FEELING FREE. Available from: Scholastic Films, 904 Sylvan Avenue, Englewood Cliffs, NJ 07632; audio-visual sections available from: Handicapped Learner Materials Distribution Center, Audio-Visual Center, Indiana University, Bloomington, IN 47405. Cost: booklet for paperback, $9.95 hardcover. The materials are available in booklet or audio-visual format. Both series are comprised of half-hour programs to provide children with an understanding of handicaps through use of puppets and simulation.

KIDS COME IN SPECIAL FLAVORS. Cashdollar, P., & Martin, J., 1978. Available from: Kids Come In Special Flavors, P.O. Box 562, Dayton, OH 45405. Cost: $19.95. This disability simulation kit allows people to explore and understand what it is like to be disabled. Examples of simulation activities include: an audiocassette so persons can "hear" at different decibel levels what it is like to be hearing impaired; "arm" slings so they can experience mobility impairment. Kit includes a booklet containing many simulation activities and other "hands-on" materials to emphasize that disabled persons are the same, yet different. Although primarily developed for children, the kit could be utilized with adults.

PEOPLE YOU'D LIKE TO KNOW. Available from: Encyclopedia Britannica Educational Corporation, 425 N. Michigan Avenue, Chicago, IL 60611. Cost: Individual films--$185.00 each; entire program (No. 3585) may be purchased for $1,500. The film series is designed to foster better communication and sensitivity between disabled and non-disabled children at the elementary and secondary levels. The films present profiles of disabled children including their coping strategies, goals, and philosophies about life. The series also could be shown to adults to increase their awareness and sensitivity toward disabled persons.

WHAT'S THE DIFFERENCE?: TEACHING POSITIVE ATTITUDES TOWARD PEOPLE WITH DISABILITIES. Barnes, E., Berrigan, C., & Biklen, D., 1978. Available from: Human Policy Press, P.O. Box 127 University Station, Syracuse, NY 13210. Cost: $6.00. This book contains simulation and awareness activities for children and adolescents, which could easily be adapted for adults.

Title Conducting An Exceptional Children's Week in Your Community

Subject HG Attitudes

Author Phillips, S., et al.

Date

Description

49 page softbound manual

Annotation

This is an excellent step-by-step guide to the development of a public education program on exceptional children. The manual includes practical "how to" information about public relations, media coverage, funding, awareness building exercises, and audio visual aids as well as sample press releases, brochures, and bumper stickers. Some of the information can be adapted for use in developing public education programs on handicapped adults or specific disability groups.

Cost

free

Publisher

The Council for Exceptional Children,
1920 Association Drive, Reston, Virginia
22091

Additional Information

Title Producing a Public Relations Program for Disabled Adults

Subject HG Attitudes

Author The President's Committee on Employment of the Handicapped

Date

Description

Annotation

A guide to help disabled people and organizations concerned with disabled people to produce public relations programs. These programs can help create the opportunities which disabled adults need to fully realize the goal of independent life.

Cost

Publisher

The President's Committee on Employment
of the Handicapped, Washington, D.C.
20210

Additional Information

Item Public Service Campaign

Category HG Attitudes

Description

The Public Information and Education Office of Arkansas' Mental Retardation developmental disabilities office has prepared a packet illustrating public service campaigns. The packet contains examples of radio and TV copy for public service announcements, art work and story boards. Materials are geared to represent the mentally retarded and developmentally disabled population but could be applied to other disabilities as well.

Address

Public Service Campaign, Public Information and Education Office of Arkansas, Mental Retardation-Developmental Disabilities Services, Information Officer, Arkansas MR-DDS, Suite 400 Waldon Building, 7th & Main, Little Rock, Arkansas 72201

Phone

Additional Information

Title Sensitivity: Our Sixth Sense

Subject HG Attitudes AV

Author Words and Pictures Corporation

Date

Description

slide/tape
16 mm film

Annotation

This film features information about public awareness campaigns and radio and TV productions that deal with handicapped concerns.

Cost

Publisher

Words and Pictures Corporation, P.O. Box 1001, Parsons, KS 67357

Additional Information

Title Barriers and Bridges An Overview of Vocational Services for Handicapped Californians

Subject HG Attitudes

Author Phillips, Linda

Date 1977

Description

8" X 8" softbound
149 pages

Annotation

Although the monograph was prepared for the state of California, it contains much information that is pertinent nationwide. Topics include background information such as definitions of terms in the field and an overview of handicapped issues; barriers within society, the helping system, and handicapped persons; national trends in bridging the gaps; recommendations and strategies for change; and suggested resources.

Cost $3.77 without tax for residents outside California - $4.00 for California residents

Publisher

California Advisory Council on Vocational Education, 708 Tenth Street, Sacramento, CA 95184 Phone: (916) 445-0698

Additional Information Available from:
California State Department of General Services, Office of Procurement, Publications Section, P.O. Box 1015, North Highlands, CA 95660
Payment must accompany orders.

Attitudes Toward People with Cerebral Palsy: Audio-Visual Materials

HE'S NOT THE WALKING KIND. This film presents the daily challenge in the life of Brian Wilson, who has cerebral palsy and is confined to a wheelchair. The film shows him at work and at play and combines sensitive filming with interviews that focus on the unique character of this personable individual. (source: Disability Attitudes: A Film Index) 16 mm, color, 28 minutes.

Rent ($12.50): Kent State University, Audio-Visual Services, Kent, OH 44242, Order No. CC2976, (216) 672-2072

Purchase ($435.00): Centron Educational Films, 1621 W. Ninth Street, Lawrence, KS 66044

HOMEMAKER WITH INCOORDINATION. Joan has had cerebral palsy since birth, and Bob, her husband, was born deaf. Yet they maintain a normal, efficiently run household with little outside help. With careful planning of activities and some simple homemaking aids, she is in full control of her life. (source: Disability Attitudes: A Film Index) 16 mm, color, 28 minutes.

Rental ($15.00): Rehabilitation International USA, 20 West 40th Street, New York, NY 10018, (212) 869-9907

I AM NOT WHAT YOU SEE. The film presents an interview with Sondra Diamond, a psychologist severely disabled by cerebral palsy since birth. In this powerful film, Ms. Diamond discusses all aspects of her handicap with humor, forthrightness, and sensitivity. (source: Disability Attitudes: A Film Index) 16 mm, color, 28 minutes.

Rent ($25.00): International Rehabilitation Film, Review Library, 20 West 40th Street, New York, NY 10018, (212) 869-0460

Purchase ($330.00): Canadian Broadcasting Corporation, 245 Park Avenue, New York, NY 10017

WHEN MAY COMES, WE'LL MOVE TO THE FIRST FLOOR. Sensitive film details the limited world of a severely involved cerebral palsied young woman. A voice-over narration based on the girl's own diary tells of frustrations, hopes, fears, and apprehension over her aging mother who devotes her life to caring for her handicapped daughter. Discussion guide accompanies film. Black and white film, 27 minutes, 1969.

Available from: United Cerebral Palsy Associations, Inc., 66 East 34th Street, New York, NY 10016

THE WORLD, THE FLESH, AND JIMMY JONES. Jimmy Jones, relates the differences between the fantasies of childhood and the harsh realities of living in the world as an adult with cerebral palsy. (source: *Disability Attitudes: A Film Index*) black and white, 13 minutes.

Available from: United Cerebral Palsy Association, 66 East 34th Street, New York, NY 10016

Title I'm The Same As Everyone Else

Subject Ep Attitudes AV

Author

Date 1976

Description 16 mm film, sound, color, 26 minutes

Annotation

The film attempts to supplant misconception with fact and insight into the personalities of people with epilepsy. Cathy, a young woman with epilepsy, recalls that her very own response to individuals with epilepsy was based on fear and ignorance: "I never knew what it was until I got it."

This film provides education on both an emotional and intellectual level. Shows how epilepsy affects various individuals at home, at school and in the community. (source: Disability Attiutdes: A Film Index)

Cost

Rental: $25.00
Purchase: $300.00

Publisher

Epilepsy Association, Metro Toronto,
1260 Bay Street, Suite 510, Toronto,
Ontario M5R 2B1, Canada

Additional Information Available for rent from:

International Rehabilitation Film, Review Library, 20 West 40th Street, New York, NY 10018 Phone: (212) 869-0460

Title Only A Part Of Life

Subject Ep Attitudes AV

Author

Date 1968

Description 16 mm, black and white film, 5 minutes

Annotation

The film follows a young girl with petit mal epilepsy through her schooling until she graduates from college. Shows that epilepsy need not prevent a normal life. (source: Disability Attitudes: A Film Index) Available on free loan from Epilepsy Foundation of America, 1828 L Street, S.W., Washington, D.C. 20036.

Cost

Publisher

Additional Information Available for rent from:

Michigan State University, Instructional Media Center, East Lansing, MI 48824
(517) 353-8137

Title They Call Me Names

Subject MR Attitudes
AV

Author

Date

Description

16 mm, color, 20 minutes

Annotation

The film demonstrates that young people stereotyped as "mentally retarded" are often capable of understanding that they are considered inferior, and therefore, become dispirited and act accordingly. Specialists and parents tell of the pain and discouragement such young people feel, and also describe recent efforts to promote a more normal living environment rather than traditional custodial care in an institution. (source: Disability Attitudes: A Film Index)

Cost

Rental: $22.00
Purchase: $290.00

Publisher

BFA Educational Media, 2211 Michigan
Avenue, Santa Monica, CA 90404

Additional Information can be rented from:

University of California, Extension Media
Center, Berkeley, CA 94720
Order No. 9465
(415) 642-0460

Title All My Buttons

Subject MR Attitudes
AV

Author H & H Enterprises, Inc.

Date

Description

color film
28 minutes

Annotation

This film emphasizes deinstitutionalization, normalization, and community living concerns for the developmentally disabled adult. (source: Maincurrents Newsletter)

Cost

Rental Fee $25.00
Purchase $250.00

Publisher

H & H Enterprises, Inc., Box 1070-M,
Lawrence, KS 66044

Additional Information

Resources Concerning
Attitudes and Mentally Retarded Persons

DIGNITY. Available from Regional Rehabilitation Research Institute on Attitudinal Legal and Leisure Barriers, George Washington University, 1828 L Street, N.W., Suite 704, Washington, D.C. 20036. $.50 each.

This 21-page booklet presents information on attitudes toward mentally retarded persons and describes common myths and misconceptions about mental retardation.

The following are available from the National Association for Retarded Citizens, 2709 Avenue E East, P.O. Box 6109, Arlington, Texas 76011:

DEHUMANIZATION VS DIGNITY, $.25

This 12-page booklet uses engaging cartoons to illustrate practices that can dehumanize or add dignity to the experiences of institutionalized individuals.

DIGNITY OF RISK AND THE MENTALLY RETARDED, by Robert A. Perske. $.25

This 11-page booklet describes the ways that overprotection endangers human dignity and interferes with normal growth. First hand observations of retarded individuals in Sweden and Denmark demonstrate the benefits of an environment that provides opportunities for a reasonable amount of risk.

WILL THE REAL ADVOCATE FOR RETARDED PERSONS PLEASE STAND UP, by Lotte E. Moise. $.25

In this 10-page booklet Lotte Moise describes her learning experiences in raising her mentally retarded daughter. It provides awareness building concepts concerning the achievement potentials of retarded individuals as well as an overview of citizen advocacy programs.

Title The Role of Vocational Rehabilitation in the 1980's

Subject Ep Attitudes

Author

Date 1978

Description

Annotation

This monograph contains information on reducing barriers to employment and community participation, improving socialization and family support, and reducing stigma and negative attitudes facing people with invisible disabilities such as cancer, cardiac illness and epilepsy.

Cost

Publisher

National Rehabilitation Association
1522 K Street, N.W., Washington, D.C.
20005

Additional Information

Title Report of the Community College Data Collections Project

Subject CP Attitudes

Author

Heliotis, J. and Edgar, E.

Date 1979

Description

Cross Reference:
CP Commty Coll

Annotation

In this report, United Cerebral Palsy and American Association for the Education of Severely/Profoundly Handicapped analyze the situation at Shoreline Community College, in terms of both physical and attitudinal barriers confronting students with cerebral palsy.

Cost

Publisher

American Association for the Education of
the Severely/Profoundly Handicapped and
United Cerebral Palsy, Center of
King County, Seattle, Washington

Additional Information

Audio-Visual Materials : Attitudes and Orthopedically Handicapped People

ATTITUDES TOWARDS DISABLED: "ON LOCATION". A group of physically disabled people, working directly in rehabilitation or a related field, discuss their personal feelings. The notion that "prejudice is a result of ignorance" gives rise to a lively discussion of responsibilities of the physically disabled toward educating the public. (source: Disability Attitudes: A Film Index) 16 mm, 3 parts, 3 hours

Rent ($10.00): University of Wisconsin, Media Resource Center, Milwaukee, Wisconsin 53226, (414) 963-4673

BEING. This film portrays the everyday difficulties faced by a young handicapped person paralyzed in both legs. He walks with the aid of braces and crutches, but manages to be independent. He meets a girl who tries to be friendly, but his resentment of pity makes it hard for him to accept a genuine offer of friendship. (source: Disability Attitudes: A Film Index) 16 mm, color film, 20 minutes.

Rent ($8.50): Kent State University, Audio-Visual Services, Kent, Ohio 44242, Order No. BC2789, (216) 672-2072

THE CURB BETWEEN US. Following an accident, Terry Kelley became one of the thousands of disabled persons in our society. He shares his thoughts about how it feels to be disabled, the prejudice directed against anyone who is different, his personal problems and needs, and how the able can help the disabled. (source: Disability Attitudes: A Film Index) 16 mm, color, 15½ minutes.

Purchase ($230.00): Barr Films, P.O. Box 5667, Pasadena, CA 91107, Order No. A116, (213) 793-6153

DAY IN THE LIFE OF BONNIE CONSOLO. Bonnie Consolo was born without arms -- yet she leads a normal, productive life. She has a home, two healthy children, and a rich philosophy that she shares with us as she goes about her daily routine. (source: Disability Attitudes: A Film Index) 16 mm, color, 16½ minutes.

Rent ($18.00), Purchase ($275.00): Barr Films, P.O. Box 5667, Pasadena, CA 91107, Order No. 9228, (213) 793-6153

GET IT TOGETHER. Jeff was injured in an auto accident and paralyzed from the waist down. For a young man whose life had been very physical, the accident was more a tragedy than most crippling injuries. Four years later, Jeff is married and works as a physical-recreation therapist. (source: *Disability Attitudes: A Film Index*) 16 mm, color, 20 minutes.

Rent ($35.00), Purchase ($300.00): Pyramid Films, Box 1048, Santa Monica, CA 90406

MIMI. Mimi, disabled by a birth injury (spina bifida), goes about her daily activities in a wheelchair constantly facing architectural barriers. Still pictures and photographs illustrate her life's story as she narrates. (source: *Disability Attitudes: A Film Index*) 16 mm, sound, black and white, 11 minutes.

Rent ($6.50): Indiana University, Audiovisual Center, Bloomington, IN 47401, Order No. EX 1227, (812) 337-2103

Purchase ($150.00): Billy Budd Films, 235 East 57th Street, New York, NY 10022

REACHING. This concise, effective film is about an ambitious, confident young man born with spina bifida. Chris is a natural athlete with a brown belt in karate. He plays basketball, wrestles, swims and water skis. Chris speaks of other people's preconceived ideas of those in wheelchairs, and of his own impatience with their prejudices. (source: *Disability Attitudes: A Film Index*) 16 mm, color, 5½ minutes.

Rent ($15.00): International Rehabilitation Film Review Library, 20 West 40th Street, New York, NY 10018, (212) 869-0460

Purchase ($40.00): Nielsen-Ferns, Inc., 145 Wellington Street West, Toronto, Ontario M5J 1H8, Canada

WALTER. "I don't feel handicapped. Other people look at me that way, and it's their problem, not mine." Walter is a young, self-sufficient Black paraplegic who has special courage, ambition and determination to make a good life for himself. He is a student of architecture at the community college and a member of a wheelchair basketball team. (source: *Disability Attitudes: A Film Index*) 16 mm, color, 16 minutes.

Rent ($8.00): University of Illinois, Visual Aids Service, Champaign, IL 61822, Order No. 54373 or Churchill Films, 662 N. Robertson Boulevard, Los Angeles, CA 90069

Attitudes and Visually Impaired People: Audio-Visual Materials

AS A BLIND PERSON. Film uses old footage and still photography along with comments from workers and family to build a biography about a blind teacher. The film is geared for high school age and older.

American Foundation for the Blind, 20 W. 17th Street, New York, NY 10011.

A BLIND TEACHER IN A PUBLIC CLASSROOM. David, totally blind, is a seventh grade English teacher in a public school. The film shows how blindness has enhanced his teaching and how he solves some problems caused by his blindness such as taking attendance, correcting papers, maintaining order and conducting school activities outside the classroom. (source: Disability Attitudes: A Film Index) 16mm, color, 23½ minutes.

Rent ($15.00), Purchase ($325.00): International Film Bureau, Inc., 332 S. Michigan Avenue, Chicago, IL 60604.

BLINDNESS. This is a sensitive study of one man's problems in adjusting to blindness. The film probes his psychological reactions to sudden blindness and shows how community agencies offer rehabilitation training, which enables him to lead an ordinary life with his job, home and family. (source: Disability Attitudes: A Film Index) 16mm, black & white, 28 minutes.

Rent ($10.00): Kent State University Audio-Visual Services, Kent, OH 44242, Order No. C2086, (216) 672-207 .

CHALLENGE OF BLINDNESS. Positive attitudes on the part of the public are necessary for a blind person's independence. The film shows four blind persons (housewife, communication operator, businessman, retired businessman) going through their daily routines. It includes information on how to approach a blind person; attitudes and misconceptions of the public; and suggestions on helping a blind person manage his/her environment. (source: Disability Attitudes: A Film Index) 16mm, color, 25 minutes.

Rent (free): The Seeing Eye, Inc., Morristown, NJ 07960, (201) 539-4425.

INSIGHT. Shows people who are blind discussing the insensitivity and lack of concern demonstrated by many sighted people in society. The vignettes are real, actual experiences blind people have encountered. Also discusses the issue of dependency versus independence, "When do you ask for help and when do you refuse help?" (source: Disability Attitudes: A Film Index) 16mm, color, 27 minutes.

Rent ($10.00), Purchase ($240.00): Lighthouse of Onondaga County, 373 Spencer Street, Syracuse, NY 13204.

THIS IS LARRY. This live-action documentary traces the daily routine of a blind student at the University of California, Los Angeles. By observing Larry's relationships with the physical world, his friends and himself, we see a portrait of a unique human with great personal courage. (source: Disability Attitudes: A Film Index) 16mm, black & white, 23 minutes.

Rent ($7.40): University of Illinois Visual Aids Services, Champaign, IL 61822, Order No. 82164.

CHAPTER 5

What Do You Do When . . .

Meeting a Disabled Person

Although there are no "hard and fast" rules, the following suggestions* provide guidelines for facilitating interactions between disabled and non-disabled people. Awareness of these "how to" suggestions can prevent well-meaning but misguided attempts at assistance. More importantly, it can ease those feelings of uncertainty that often result in avoidance of interaction. Remember that common sense is most often your best guide.

1. Offer help but wait until it is accepted before giving it. Offering assistance to someone is only polite behavior. Giving help before it is accepted is rude. It can sometimes be unsafe, as when you grab the arm of someone using a crutch and the person loses his balance.

2. Accept the fact that a disability exists. Not acknowledging a disability is similar to ignoring someone's sex or height. But to ask personal questions regarding the disability would be inappropriate until a closer relationship develops in which personal questions are more naturally asked.

3. Talk directly to a disabled person, not to someone accompanying them. To ignore a person's existence in a group is very insensitive and it is always rude for two people to discuss a third person who is also present.

4. Don't park your car in a parking place which is specially designated for use by disabled people. These places are reserved out of necessity, not convenience. Some disabled people cannot walk distances, others need extra space in order to get wheelchairs in and out of the car. If you park in a handicapped space it may be convenient for you but totally prohibiting for disabled people.

5. Treat a disabled person as a healthy person. Because an individual has a functional limitation does not mean the individual is sick. Some disabilities have no accompanying health problems.

6. Don't assume that a lack of response indicates rudeness. In some cases a disabled person may seem to react to situations in an unconventional manner or may appear to be ignoring you. Consider that the individual may have a hearing impairment or other disability which may affect social or motor skills.

* Reprinted from The Invisible Battle by the Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, Washington, D. C.

7. Keep in mind that disabled people have the same activities of daily living as you do. Many persons with disabilities find it almost impossible to get a cab to stop for them or to have a clerk wait on them in stores. Remember that disabled individuals are customers and patrons, and deserve equal attention when shopping, dining or traveling.

Meeting a Non-Disabled Person

1. It may be to your advantage to take the first step. Many non-disabled people feel unsure about how much importance should be attached to disability. They don't know whether to ignore it or mention it. If you bring the subject up first, you may all feel more at ease.

2. Answer questions about your disability if you feel comfortable about doing so. A lot of discomfort is caused by lack of knowledge about disability. Try to handle curiosity in a non-hostile manner. Hostility only stops communication and may reinforce negative attitudes about disabled people. Be open and honest.

3. If you need assistance, ask for it. If your request for help is accepted, tell the non-disabled person specifically what you need and explain how to do it. Be sure to thank the person for their help.

4. Don't automatically assume that a non-disabled person is insensitive about your disability. A non-disabled person who asks a wheelchair user to go dancing is not necessarily being ignorant. You may be setting limitations on yourself by not trying new things.

5. Be assertive about your needs and your rights. Able-bodied people are not mind-readers. Many disabled persons are unaware of the implications of disability and will be cooperative if you explain your rights to equal access and how they can be attained.

6. Be patient with non-disabled people's limitations. Often they are very nervous that they'll say or do the "wrong thing" around disabled people. In their concern, they will sometimes react inappropriately. All people make mistakes. Try to deal with embarrassing situations with humor and grace.

7. Keep communications open during embarrassing or difficult situations. Try to work through problems, not ignore them.

What Do You Do When . . .

Meeting a Person with Cerebral Palsy

The following suggestions provide guidelines for facilitating interactions between non-disabled people and people who have cerebral palsy. Understanding this "how to" information can improve communication. More importantly, it can ease those feelings of uncertainty that often result in avoidance of interaction with cerebral palsied people.

1. Give the person with cerebral palsy time to finish speaking. Don't interrupt because you feel you know what the person is going to say. Be careful not to talk down to the person in a condescending manner.

2. If you are having difficulty understanding the cerebral palsied person's speech, try watching the person's lips, rather than focusing only on the sound. This can help you follow what he or she is saying.

3. Speak directly to a person who has cerebral palsy -- not to the person's companion.

4. Be open to the use of alternative modes of communication. This can be especially helpful if communication reaches an impasse. Use writing or, if available, use a communication or alphabet board.

5. Ask if you can be of assistance. Don't automatically assume the person needs help.

6. When the person with cerebral palsy who uses a wheelchair or crutches and braces needs assistance, ask the person how you can help. There is a right way and a wrong way to provide assistance, and he or she can let you know how to help.

7. When interacting with a cerebral palsied person who uses a wheelchair, be aware that a wheelchair is part of the individual's "personal space." It is inappropriate for a stranger to lean on a person's wheelchair.

8. Restaurant personnel may need to provide assistance when individuals with cerebral palsy request help in cutting food or serving food from a platter. When cerebral palsied individuals request aids, such as a straw or a tablespoon rather than a teaspoon, provide them willingly.

What Do You Do When . . .

It is important that people have knowledge of and implement appropriate first aid procedures in the event of a seizure. Knowledge and use of first aid can prevent unnecessary injury and embarrassment to the person experiencing a seizure, and it can lessen the fear, confusion and overreaction of individuals present during the seizure.

It is especially important that police, firemen, public transportation personnel, or anyone who deals regularly with the public, have knowledge in recognition of seizures and first aid. With proper identification many unnecessary, embarrassing or costly consequences can be avoided. When symptoms of epilepsy are not recognized, situations resembling any one of the following can occur: a college student who suddenly acts disoriented and confused is searched by a suspicious police officer and a vital anticonvulsant drug is confiscated on the way to the police station; an airline passenger experiences a convulsion, turns blue and the crew immediately requests an emergency medical landing; a movie-goer has an epileptic convulsion and the usher calls for an ambulance which results in a costly and unnecessary trip to the hospital.

Policemen should check for medical identification that provides information about possible cause of unconsciousness. A breath check for liquor is equally important since the lack of alcohol odor could indicate the presence of epilepsy or other medical problems. Witnesses' accounts of the person's behavior prior to unconsciousness also may be helpful in pinpointing the problem. Note that first aid procedures vary according to the type of seizure.

First Aid for Grand Mal Seizures

1. Keep calm. Remember that the individual is not in pain and is not in danger
2. Ease the person to the floor and loosen tight clothing. Do not attempt to restrain the person's movements.
3. Clear area around the person. Remove hard, sharp or hot objects which could cause injury. Place a pillow or rolled-up coat under the person's head.
4. Do not attempt to stop the seizure once it is started. Let the seizure run its course. This usually takes a few minutes.
5. Do not force anything between the person's teeth or attempt to force open the person's mouth. Never place your fingers in the person's mouth.

6. Turn the person's head to the side to allow release of saliva and insure that breathing is not obstructed.

7. Do not be concerned if the individual seems to stop breathing temporarily. In some cases, the person's skin may appear to turn blue due to lack of oxygen but this condition will disappear shortly after the seizure ends. Due to heavy breathing and saliva flow, the person may appear to foam at the mouth.

8. Do not give the person anything to drink.

9. Do not call a doctor unless the seizure lasts more than 10 minutes, or unless the person appears to pass from one seizure to another without regaining consciousness. This is a rare but serious medical emergency requiring a doctor's immediate attention.

10. Stay with the person until movement has stopped and he or she regains consciousness and is no longer confused.

11. Carefully observe details of the seizure and the person's actions during the seizure so they can later be reported to the individual's doctor. If the person is a child, notify the parents.

12. Let the person rest if he or she wishes after the seizure. Be gentle and reassuring. The person may require an escort if he or she seems confused.

First Aid for Psychomotor Seizures

1. If loss of consciousness is observed during a seizure, allow the person freedom to continue activity without restraint unless it is essential for personal safety.

2. Avoid undue display of emotion by you or others observing the seizure.

3. During psychomotor seizures, although confused, the person is usually amenable to suggestions made in a friendly, pleasant manner. Psychomotor seizures, usually lasting 15-20 minutes, involve rapid onset of mental confusion, cessation of previous activity followed by repetition of purposeless movements and/or incoherent speech and behavioral changes.

4. It is not necessary to contact a doctor unless a seizure is unusually prolonged.

5. Be aware that after a psychomotor seizure is over, the person is usually unable to recall what happened.

6. During the seizure, it is best to provide a brief but calm explanation so that others can understand the cause of the behavior. This can prevent unnecessary ridicule or isolation of the individual who has experienced a seizure.

References

Davis, K. It's about time physical disabilities came out in the open! Part III. Madison, Wisconsin: Wisconsin Vocational Studies Center at the University of Wisconsin-Madison, 1977.

Epilepsy Foundation of America. Chicago Metropolitan Chapter. Chicago: Epilepsy Foundation of America, Chicago Metropolitan Chapter.

Recognition and first aid for those with epilepsy: Guidelines for those who meet the public. Washington, D.C.: Epilepsy Foundation of America, 1973.

What Do You Do When . . .

Meeting a Deaf Person*

The following suggestions provide guidelines for facilitating interactions between people who have hearing impairments and those who do not. Understanding this "how to" information can improve communication. More importantly, it can ease those feelings of uncertainty that often result in avoidance of interaction with deaf and hearing impaired people.

1. Speak clearly and distinctly, but don't exaggerate. Use normal speed unless asked to slow down.

2. Provide a clear view of your mouth. Waving your hands or holding something in front of your lips, thus hiding them, makes lipreading impossible.

3. Use a normal tone unless you are asked to raise your voice. Shouting will be of no help.

4. Speak directly to the person, instead of from the side or back of the person.

5. Speak expressively. Because deaf persons cannot hear subtle changes in tone which may indicate sarcasm or seriousness, many will rely on your facial expressions, gestures and body movement to understand you.

6. If you are having trouble understanding a deaf person's speech, feel free to ask him to repeat. If that doesn't work, then use paper and a pen. Communicating is your goal. The method doesn't matter.

7. If you know any sign language, try using it. It the deaf person you are communicating with finds it a problem, the person will let you know. Usually your attempts will be appreciated and supported.

8. If a deaf person is with an interpreter, speak directly to the deaf person -- not to the interpreter.

9. When talking with a deaf person, try not to stand in front of a light source (e.g., a window). The deaf person would find it hard to see your face, which would be silhouetted in the light.

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* Portions reprinted from Beyond the sound barrier by the Regional Rehabili-Research Institute on Attitudinal, Legal and Leisure Barriers, Washington, D.C., 1978.

10. If you have difficulty understanding a deaf person's speech, try watching the individual's lip movements rather than focusing on the sound alone. The lip movements may approximate the words that are spoken.

Meeting a Hearing Impaired Person

1. Speak clearly, distinctly and at normal speed unless you are asked to slow down.
2. Stand in front of the person and provide a clear view of your face and mouth.
3. Let the hearing impaired person be your guide in determining how loud to speak. Watch for the person's reactions as to whether he or she is comprehending. Remember that hearing aids do not necessarily totally correct a hearing impairment.
4. Speak expressively using facial expression and gestures to help communicate your message.
5. If vocal communication is unsuccessful, try writing as an alternative means of communication.

Reference

Guidance, counseling and support services for high school students with physical disabilities. Cambridge, MA: Technical Education Research Centers, 1977.

Item 100 Medical Survival Signs and Silent Siren

Category HI What Do...

Description

In emergency situations, it is unlikely that an interpreter will be immediately available on the scene. Therefore, it is important for service personnel such as police and emergency squads to have some familiarity with basic sign language so that essential information can be exchanged. These two organizations, 100 Medical Survival Signs and Silent Siren, work in conjunction to provide police and emergency personnel with basic training in communication with deaf individuals.

Address

100 Medical Survival Signs and Silent
Siren, Sign Language Store, 8613 Yolanda
Avenue, P.O. Box 4440, Northbridge, CA
91328

Phone

Additional Information

Silent Siren, National Association of the
Deaf, 814 Thayer Avenue, Silver Spring, MD
20910

What Do You Do When . . .

Meeting a Person with Mental Retardation

The following suggestions* provide guidelines for facilitating interactions between people who are mentally retarded and those who are not. Understanding this "how to" information can improve communication. More importantly, it can ease those feelings of uncertainty that often result in avoidance of interaction with mentally retarded people.

1. When talking with someone who is mentally retarded, keep your concepts clear and concise. Use fewer complex sentences. But it is inappropriate to change the inflection or tone of your voice. Don't talk down to someone with mental retardation. The quality of your conversation won't change by making your points clear and easy to understand.

2. It's OK to offer help (e.g., reading the menu, explaining directions), but wait until your offer is accepted before doing anything. You may think someone needs help doing something, but they may prefer to do it themselves. Ask first.

3. Don't assume that a person with mental retardation is sick. Mental retardation is not an illness. It is not contagious, and does not cause health problems.

4. Don't take advantage of a person who is mentally retarded. Sometimes their friendliness and "eager to please" attitude encourages people to ask them to do excessive favors and chores. Don't ask people with mental retardation to do anything you wouldn't ask other folks to do for you.

5. Keep in mind that most people with mental retardation have the same activities of daily living as you do. Many people with mental retardation find it impossible to get a cab to stop for them or to have a clerk wait on them in stores. Remember that people with mental retardation are customers and patrons, and deserve equal attention when shopping, dining, or traveling.

6. In some cases a person with mental retardation may seem to react to situations in an unconventional manner or may appear to be ignoring you. Remember that a lack of response or a slow response doesn't necessarily mean the person is being rude to you. A person who has mental retardation may simply be slower to respond.

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* Reprinted from Dignity by the Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, Washington, D.C.

7. Interact with the person with mental retardation as a person, first. Talk to adults with mental retardation as adults, not as if they were children. Citizens with mental retardation deserve the same respect and dignity as all other people.

What Do You Do When . . .

Meeting an Orthopedically Handicapped Person

The following "helpful hints" provide guidelines for facilitating interactions between orthopedically handicapped and non-handicapped individuals. Awareness of these "how to" suggestions can prevent well-meaning but misguided attempts at assistance. More importantly, it can ease those feelings of uncertainty that often result in avoidance of interaction with orthopedically handicapped people.

1. Do not automatically hold on to a person's wheelchair. It is part of that person's body space. Hanging or leaning on a wheelchair is similar to hanging or leaning on a person sitting in any chair. It's often fine if you are friends, but inappropriate if you are strangers.

2. When greeting or interacting with an orthopedically handicapped adult who is of short stature, do not touch or "pat" the person on the head. Although the inappropriateness of this gesture may seem obvious, some people unthinkingly do this.

3. Offer assistance if you wish, but do not insist. If a person needs help, he or she will accept your offer and tell you exactly what will be helpful. If you force assistance, it can sometimes be unsafe and may cause the person to lose his or her balance.

4. When assisting a wheelchair user over a curb or steps, ask the person how you can help. There is definitely a right way and a wrong way to maneuver a wheelchair.

5. Talk directly to the person using a wheelchair or other mobility aids, not to a third party. The person is not helpless or unable to talk.

6. Don't be sensitive about using words like "walking" or "running." People using wheelchairs, crutches or braces use the same words.

7. Be alert to the existence of architectural barriers when selecting a restaurant, home, theater or other facility you want to visit with an orthopedically handicapped person.

8. If conversation proceeds more than a few minutes and it is possible to do so, consider sitting down in order to share eye level. It is uncomfortable for a seated person or person of short stature to look straight up for a long period.

Reference: Free Wheeling. Washington, D. C.: Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, 1978.

What Do You Do When . . .

Meeting a Visually Impaired Person

The following "helpful hints" provide guidelines for facilitating interactions between sighted and visually impaired individuals. Awareness of these "how to" suggestions can prevent well-meaning but misguided attempts at assistance. More importantly, it can ease those feelings of uncertainty that often result in avoidance of interaction with visually impaired people.

1. It is always appropriate to offer assistance, but don't be surprised if the person would rather do it himself. When this is the case, don't overreact in amazement at the blind person's ability to handle the situation alone.

2. When offering assistance to a visually impaired person, address the individual directly in a normal tone. Simply ask, "May I be of help?" Ask the individual how you can assist if you are not sure exactly how to help.

3. Speak directly to a blind person, not to the person's companion. Be aware that as your gaze wanders, your voice follows.

4. Don't shout as though the person were hearing impaired. Use normal tones when speaking to a visually impaired individual.

5. Identify yourself by name when approaching a blind individual, unless you are sure the person will recognize your voice. When a blind person is alone in a room, tell him when you come in and leave, especially if you are wearing soft soled shoes.

6. Do not avoid terms that come up in regular conversation. Blind people are not offended by phrases that use the words "see" and "look." In fact, they are likely to use the terms themselves.

7. When guiding a blind person, never grab his arm -- this prevents the individual from anticipating your movements. Instead allow the person to take your arm. You may wish to say, for example, "Here is my left arm," to let him know how to take your arm. Proceed at a normal walking pace and hesitate slightly before stepping up or down. After escorting a blind person, see that he is headed in the desired direction and warn him of any unusual obstacles ahead.

8. When giving directions to a person with severe visual impairment, don't point or use street names or landmarks to identify intersections. Instead, give directions by counting intersections and using "left" and "right" to signify direction.

9. In guiding a blind person to a chair, place the person's hand on the back of the chair. His touch can determine the type and height of the chair. Never try to push the person into the chair.

10. In a restaurant offer to read the menu, including the prices. If the person needs assistance in cutting or serving food or locating items on the table, he will usually request that help. There are no particular rules -- let common sense be the guide.

11. When making change using bills of more than one denomination, hand the bills to a blind person separately, identifying the denomination as you do. Special identification is not needed for coins since the person can differentiate them by touch.

12. Don't pet or play with a blind person's guide dog while the dog is on duty. This violates the dog's training and can be a dangerous distraction. Even when the dog is off duty, ask the master's permission before petting the dog.

References

Dickman, I. R. Living with blindness. New York: Public Affairs Committee, 1972.

Ten rules of courtesy to the blind. American Rehabilitation, January-February, 1979, pp. 16-17.

What Do You Do When Meeting A Visually Impaired Person: Audio-Visual Materials

CHALLENGE OF BLINDNESS. Positive Attitudes on the part of the public are necessary for a blind person's independence. The film shows four blind persons (housewife, communication operator, businessman, retired businessman) going through their daily routines. It includes information on how to approach a blind person, attitudes and misconceptions of the public; and suggestions on helping a blind person manage his/her environment. (Source: Disability Attitudes: A Film Index) 16 mm,

Rent (free): The Seeing Eye, Inc., Morristown, NJ 07960 (201)539-4425

INSIGHT. Shows people who are blind discussing the insensitivity and lack of concern demonstrated by many sighted people in society. The vignettes are real, actual experiences blind people have encountered. Also discusses the issue of dependency versus independence. "When do you ask for help and when do you refuse help?" (Source: Disability Attitues: A Film Index) 16 mm, color, 27 minutes

Rent ($10.00), Purchase ($240.00): Lighthouse of Onandaga County,
373 Spencer Street, Syracuse, NY 13204

WHAT DO YOU DO WHEN YOU SEE A BLIND PERSON? The film uses a light, amusing approach to illustrate the best ways for sighted people to deal with, and when necessary, help blind people. Phil, a sighted man, wants to avoid contact with Jim, a blind man. The narrator stops Phil and urges him to give Jim some help, explaining the proper procedures in various circumstances. (Source: Disability Attitudes: A Film Index) 16 mm, color, 13 minutes.

Rent ($5.90 per day)
Penn State University,
AIV Services
7 Willard Building
University Park, PA 16802

Purchase ($90.00)
American Foundation for Blind
Public Education Division
15 W. 16th Street
New York, NY 10011

CHAPTER 6

Instructional Techniques

In some cases, the presence of a disability requires adaptation of the techniques that are typically used to convey information. For example, films may need captions or written texts for the hearing impaired individual, or a student volunteer using special carbon notepaper may share copies of classnotes with a person who is unable to write. Adaptations in instructional procedures, many of which require little expense or change, can greatly enhance learning for a person with an impairment that results in difficulty when standard instructional methods are used. Throughout the Resource Guide, the sections entitled "Instructional Techniques" include information about ways to adapt teaching strategies or classroom procedures to meet the need of individuals who have specific disabilities. The focus is on techniques that are appropriate in conveying information regardless of the content.

In formulating necessary adaptations, open lines of communication between instructor and student are essential so that specific needs and workable solutions can be determined. The importance of mutual positive attitudes — attitudes that accentuate ability rather than disability -- cannot be overemphasized. In some post-secondary education settings, students who identify themselves as having a disability which may require adaptive instructional techniques can choose to have the instructor notified in advance about the disability so that necessary adaptations can be discussed. The special needs coordinator or a counselor in student services often makes this contact and only with the student's permission. Some students prefer to initiate this contact themselves. In either case, this can serve to facilitate appropriate classroom adaptation.

In the article "It's Happening: Vocational Educators Teach the Handicapped," Sandra Boland (1979) offers the following suggestions in instructing individuals with various disabilities.

1. In working with a blind machine operator, design a safe approach to and from the machine. To familiarize the blind person with a piece of machinery, unplug the machine and go over it completely while it is not in operation.

2. Use special devices such as tactily marked micrometers as instructional aids to open training and job opportunities for visually impaired workers.

3. Allow students, including those with mental handicaps, learning disabilities and visual impairments, to listen to and orally record assignments, reports and tests.

4. Break instruction into small, sequencial steps to aid students who have learning disabilities or mental handicaps.

5. Whenever possible, use visual, auditory and tactile information to demonstrate performance of a skill.

6. Lower tables and work areas to wheelchair height for draftsmen, graphic artists or welders.

7. Seek the student's advice on how he or she wants to handle a need for assistance in class. Some individuals want help, others do not.

8. For a typist with a hearing impairment, use a light attachment to indicate margins on the typewriter.

9. Maintain a genuinely interested and open attitude about students who have handicaps, and maintain a sense of humor in the teaching/learning process.

Reference

Boland, S.K. It's happening: Vocational educators teach the handicapped. Education Unlimited, 1979, 1, 9-11.

Title Publisher Source Directory (3rd ed.)

Subject HG Instruct Tech

Author

Date

Description

Annotation

This directory contains an alphabetical listing of sources to buy or rent instructional materials, a summary of major product lines of each producer and distributor, and a list of a wide range of product lines. These products include audio-visual aids, captioned films, electro-mechanical aids, programmed materials, tape cassettes, and toys.

Cost

$9.50

Publisher

Publisher Source Direcotry (3rd ed.),
Ohio State University Press, Ohio State
University, Columbus, OH 43210

Additional Information

Order No. - NC 77:301

Title Tutorial Manual

Subject HG Instruct Tech

Author

Date 1979

Description

manual

Cross Reference:
HG Commty Coll

Annotation

This manual includes up-to-date information available on tutoring programs for "non-traditional" or special needs students.

Cost

free

Publisher

Networks, Bronx Community College, Bronx,
New York, 10453

Additional Information

Item Interpretive Education

Category HG Instruct Tech

Description

This company produces multi-media programs for elementary through adult basic education. Included are programs and materials that pertain to competencies in the daily living, personal-social and occupational domains. Individual modules or training materials, ranging in price from approximately $2.50 to $100.00, cover specific topics (e.g. How to Use a Voting Machine) as well as broader topics (e.g. Consumer Education).

Address

Interpretive Education, A Division of
I.E. Products, Inc., 2306 Winters Drive,
Kalamazoo, Michigan 49002

Phone collect (616) 345-8681

Additional Information

catalog of materials available

Item Homebound Student Service

Category HG Instruct Tech

Description

This service provides audio version of classroom instruction to the homebound student. Only one Homebound Student Service may be provided at one time, unless two or more students are connected to the same class. A second installation of classroom wiring and school amplifier shall be required for a second homebound student attending other classes. Subscriber telephone lines may not be utilized for Homebound Student Service. Individual loops are required from the school building to the central office and the student's residence to the central office. The following equipment is required: Student home station, Amplifying equipment, Classroom station, Jacks for portable station.

Address

General Telephone of the Southwest, 2701
South Johnson Street, P.O. Box 1001,
San Angelo, Texas 76901

Phone

Additional Information

Instructional Techniques

The term cerebral palsy is used to represent an array of conditions. Because brain damage typically causes cerebral palsy, there may be a number of accompanying disorders. Knowledge of the student's specific configuration of physical manifestations provides the teacher with guidelines for instructional techniques that will be most effective. Some of the physical aspects typically involved with cerebral palsy that have implications for instruction are outlined below.

Incoordination and Balance Problems: Incoordination and/or poor balance are probably the most common disorders associated with cerebral palsy. As a result, students with cerebral palsy may have mobility problems and difficulty writing or using tools and equipment. Adaptive equipment is available to alleviate some of these difficulties. A buddy system whereby a fellow student can provide assistance during in-class activities may be helpful. In some instances, the instructor may need to assign alternative activities.

Speech/language disability: The speech of individuals with cerebral palsy may be affected in varying degrees. The individual who has cerebral palsy should be encouraged to participate in classroom discussions and question-answer periods. Ask the individual to repeat his comment or question if there is difficulty understanding. To facilitate comprehension by other class members, in some cases it may be helpful for the instructor to briefly summarize the student's comment or question before responding. Keep in mind that with time it often becomes easier to understand the individual's speech. When speech is difficult to understand, try watching the person's lips as he speaks, rather than focusing only on the sound.

Perceptual Problems: Perceptual problems frequently associated with cerebral palsy can result in learning difficulties. These problems more or less parallel the problems associated with learning disability. Consultation with special education personnel on campus or at school is an important resource in developing appropriate techniques to instruct individuals with perceptual problems.

Mental Deficiency: Mental retardation sometimes accompanies cerebral palsy. However, it is especially important that the instructor not assume the student is mentally retarded. For specific instructional techniques appropriate for mentally retarded individuals, see the section on "Mental Retardation, Instructional Techniques."

Convulsions: In cases of cerebral palsy that are accompanied by convulsions the instructor should be aware of appropriate first aid precedures. These first aid measures are explained in the section entitled "Epilepsy, What Do You Do When . . . "

Visual and Hearing Impairments: Varying degrees of visual and/or hearing impairment frequently accompany cerebral palsy. The instructor should consult with the student or professionals to determine if, and to what degree, these problems exist. Instructional techniques appropriate for individuals with visual and hearing impairments are provided in the respective sections entitled "Instructional Techniques."

In general, instructors should be aware that individuals with cerebral palsy may tire easily. In addition, adaptations in testing procedure may be required to accommodate the student with cerebral palsy.

Item Recordings for the Blind, Inc.

Category HG Instruct Tech

Description

This national service organization supplies taped educational books in open reel and cassette form, free on loan, to visually, perceptually, and physically handicapped students whose objectives are to earn diplomas and academic degrees. It also serves blind and otherwise handicapped adults who require specialized aural educational materials to maintain business and professional roles. As of 1976, RFB's library contained over 33,000 titles. It distributes "Guide to Effective Study Through Listening" to assist educators, counselors, and others interested in aural study. All recordings provided free, on loan, for as long as needed.

Cross Reference: OH Instruct Tech, VI Instruct Tech

Address

Recordings for the Blind, Inc., 215 East
58th Street, New York, NY 10022

Phone

Additional Information

Instructional Techniques

Typically, no special instructional techniques are required in teaching an individual with epilepsy, especially when seizures are well-controlled. However, perceptual or learning disabilities sometimes accompany epilepsy and these associated disorders may require adaptation of instructional techniques. In such cases, consultation with special education personnel on campus or at school is an excellent resource.

It may be helpful for the instructor to discuss with the student the type(s) of seizures, their frequency and recommended procedures should a seizure occur during class. The instructor should be familiar with first aid procedures for seizures (see What Do You Do When ... section of the Resource Guide). Be aware that anticonvulsant drugs to control seizures are all potentially toxic and may cause side effects including possible drowsiness, nausea, fatigue, dizziness, awkwardness, diarrhea, fever, skin rash or double vision. As Davis (1977) points out, if a student falls asleep during class, it is likely that he or she is reacting to medication rather than a boring lecture or a night on the town.

When class instruction involves the use of machinery or equipment that potentially could be dangerous in the event of a seizure, special safety precautions should be observed. In some instances, safety-engineered modifications such as guard rails, screens or shut off devices can be installed.

As Davis (1977) concludes her closing remarks addressed to teachers of epileptic students, "Barriers throughout history have prevented many persons with epilepsy from being afforded equal opportunities for a satisfying personal life, education and employment. Your treatment of the student with epilepsy will make a difference!" (p. 37).

Reference

Davis, K. It's about time physical disabilities came out in the open! Part III. Madison, Wisconsin: Wisconsin Vocational Studies Center at the University of Wisconsin-Madison, 1977.

Instructional Techniques

Hearing impairments vary as to degree of loss, age of onset and type of loss. In addition, hearing impaired individuals may use different modes of communication: lipreading, signing, or total communication. Because each hearing impairment is unique, the instructor should become familiar with the nature of the student's impairment and use instructional techniques that help to meet the student's specific needs.

1. To help hearing impaired students who lipread:

   a. Always face the student when speaking. Even a slight turn of the head can obscure his or her vision, making lipreading more difficult. Avoid holding your hands or books where they will hide your face.

   b. Articulate clearly and with normal speed, enunciating each word, but without exaggerating or overpronouncing. Exaggeration and overemphasis distort lip movements, making lipreading more difficult. Try to enunciate each word, but without force or tension. Short sentences are easier to understand than long sentences.

   c. Speak in a natural tone of voice. Increasing the volume of your voice will not necessarily help the student.

   d. Stand still when talking and keep within close range of the student.

   e. Rephrase sentences if the student does not seem to understand; you may be using words he or she is not familiar with, or a particular combination of lip movements may be very difficult to lipread.

   f. Avoid standing with your back to a window or other light source. Looking at someone in front of a light source practically blinds a hearing impaired person. Lipreading becomes difficult, if not impossible, because the speaker's face is left in shadow. Light should come from in front of the speaker and shine on him or her.

   g. Let your expression and motions indicate emphasis and feeling. Make the most of body language -- hearing impaired people are very responsive to it.

2. Be sure that the student is paying attention when you assign a task. The student may not hear the usual call to attention and may need a tap on the shoulder, a wave or some other signal.

3. Try to maintain eye contact with the student. Hearing impaired people, like most people, prefer the feeling of direct communication. Eye

contact establishes this feeling. Even in the presence of an interpreter, communicate directly with the student. The student can then turn to the interpreter as the need arises.

4. Write on the board without speaking; then turn back to the class and speak. Similarly, turn when pointing out parts or demonstrating.

5. Use many visual aids and written materials. Vision is a hearing impaired student's primary means of receiving information. If large, complex visual displays are used (for example, of an engine or of the process of cell division), whenever possible build them up in successive overlays rather than presenting the whole and identifying the parts.

6. Provide outlines and vocabulary lists for any complicated topic being discussed. New vocabulary or complex topics are difficult, if not impossible, to lipread.

7. Seat the student advantageously when he or she is participating in a group. The student should be able to see the lips of all the group members.

8. Provide the student with a brief outline to follow a lecture, movie or filmstrip. Provide these in advance or accompanied with a special lighting arrangement.

9. When presenting vital information, do not leave out the hearing impaired student. Write out any changes in meeting time, special assignments, or additional instructions. Allow extra time when pointing out the location of materials or referring to manuals or texts; the student must have time to look and then return his or her attention for further instruction.

10. Repeat questions or statements from the back of the room. Hearing impaired students are cut off from whatever happens that is not in their visual field.

11. When providing instruction, consider these things:

    a. Provide an introduction to each lesson, describing the content to be covered and how the lesson will unfold; provide a separate introduction to each step in the lesson.

    b. Be as concrete as possible in discussion and explanation, and include activities for the students to carry out as often as possible. Keep in mind that congenitally deaf individuals may have particular difficulty understanding abstract concepts.

    c. Present information in small chunks, allowing students time to assimilate the information. Frequent pauses are necessary for assimilation.

    d. Pause frequently to allow notes to be taken. Hearing impaired students cannot take notes while you are talking -- they have to be watching.

e. Another student may agree to share copies of classnotes with the hearing impaired student. Special carbon notepaper is available for this purpose.

f. A question-and-answer format is useful; it keeps students involved and lets you know if the message is getting through.

12. When an interpreter is present, consider the following:

a. Stand close to the interpreter to minimize the amount of shifting back and forth the hearing impaired student has to do.

b. Pause frequently to allow the interpreter to translate; this is especially important when the discussion involves visual information. For example, in pointing out the parts of a motor, give a brief portion of the lesson, pause, allow the translator to sign the information, pointing to key portions of the display or diagram as the translator goes along. (The translator should pause to give the instructor time to point.) If hearing students are in the class, you can repeat the material as the translator signs.

c. It's helpful if you know something about signing, and the interpreter should be knowledgeable in the subject matter. In some cases, it's advisable to get together with the translator before class and discuss the lesson. Remember that English and signing are different languages. The problems that arise in translating between any two languages arise in signing something that is spoken in English.

d. Discuss with the interpreter whether he or she should try to preserve feeling and intonation in the translation or give a "cold" translation.

The preceding recommendations for instructional techniques with hearing impaired students were reprinted from a handout entitled "Techniques to Use with the Hearing Impaired" prepared by Lansing Community College, Lansing, Michigan 48901.

Captioned Filmstrips:
Producers and Distributors

For a time, captioned filmstrips were replaced by synchronized sound filmstrips. But recently, captioned filmstrips have gained recognition as an instructional tool for hearing impaired people. The following is a list of producers and distributors of captioned filmstrips.

BFA Educational Media
2211 Michigan Avenue
P.O. Box 1795
Santa Monica, CA 90406

Communacad
The Communications Academy
Box 541
Wilton, CT 06897

Coronet
65 East South Water Street
Chicago, IL 60601

Creative Learning
P.O. Box 324
Warren, RI 02885

Educational Activities
Freeport, NY 11520

Educational Audio-Visual Inc.
Pleasantville, NY 10570

Educational Enrichment Materials
357 Adams Street
Bedford Hills, NY 10507

Educational Filmstrips
1406 19th Street
Huntsville, TX 77340

Educational Projections Corp.
P.O. Box 50276
224 North First Street
Jacksonville Beach, FL 32250

Educational Record Sales
157 Chambers Street
New York, NY 10007

Encyclopedia Britannica Educ. Corp
425 North Michigan Avenue
Chicago, IL 60611

Eye-Gate Media
146-01 Archer Avenue
Jamaica, NY 11435

Harvest Educational Laboratories
73 Pelham Street
Newport, RI 02840

Herbert M. Elkins Co.
Tujunga, CA 91042

Imperial Educational Resources, Inc.
19 Marble Avenue
Pleasantville, NY 10570

Instructional Industries, Inc.
Executive Park
Ballston Lake, NY 12019

McGraw-Hill Films
1221 Avenue of the Americas
New York, NY 10020

Pathescope Educational Media Inc.
71 Weyman Avenue
New Rochelle, NY 10802

Pendulum Press, Inc.
The Academic Building
Saw Mill Road
West Haven, CT 06516

Prentice Hall Media
Serv Code SF
150 White Plains Road
Tarrytown, NY 10591

Research for Better Schools, Inc.
1700 Market Street
Philadelphia, PA 19103

Schoolmasters Science
745 State Circle
Ann Arbor, MI 48104

Society for Visual Education
1345 Diversey Parkway
Chicago, IL 60614

The Stanfield House
12381 Wilshire Blvd. Suite 203
Los Angeles, CA 90025

Troll Associates
320 Route 17
Mahwah, NJ 07430

United Learning
6633 West Howard Street
Niles, IL 60648

Visual Education Consultants, Inc.
Madison, WI 53701

Ward's Natural Science
Establishment, Inc.
P.O. Box 1712
Rochester, NY 14603

Instructional Techniques

In teaching individuals who are mentally retarded, it is helpful for instructors to recognize that retarded students are not unable to learn — learning just may take longer and require more effort. Instructors may also benefit from consultation with special education personnel on campus or at school. They can recommend instructional techniques or modifications of class activities that better meet the needs of mentally retarded students. The following techniques provide guidelines for teaching individuals who are mentally retarded.

1. Don't talk down to a mentally retarded student. Vocabulary level may require adjustment to facilitate conprehension but that does not necessitate change in manner or tone of voice.

2. Mentally retarded individuals may need instruction in areas we take for granted such as vocabulary or knowledge in use of basic tools. These areas may need to be reviewed before proceeding with a lesson.

3. Instruction should be well organized, specific, and repeated often. Demonstrations should be included whenever possible.

4. Proceed step by step in teaching, making sure that each step is learned fully before continuing. Repetition is an important instructional technique.

5. Check with the person often to determine if he or she is comprehending. As a check, it may be helpful to have the individual describe his understanding of the material or instructions.

6. Don't cover too much material at one time. Spaced rather than massed learning is preferable for mentally retarded persons. Overlearning of material is recommended to increase long-term retention.

7. Patience, encouragement, and positive reinforcement are especially important in facilitating learning for mentally retarded persons. Dealing with failure in a supportive manner is recommended. Use of progress charts, praise and special rewards may be helpful.

8. Be aware that a mentally retarded student may do poorly under testing conditions or other high-pressure situations. A comfortable and anxiety-free atmosphere facilitates learning.

References

Brolin, D. E. Vocational preparation of retarded citizens. Columbus, OH: Charles E. Merrill, 1976.

Clark, D. L. (Ed.) Making mainstreaming work: A handbook for vocational administrators. College Station, TX: Vocational Special Needs Program of Texas A & M University, 1979.

Title Individual Program Planning With Developmentally Disabled Person - Training Package, Revised Edition

Subject MR Instruct Tech

Author

Date 1977

Description

Annotation

This three-part training package for professionals working with mentally retarded persons is designed to train groups of five to nine persons in six two-hour sessions over a three to six-week period. The training is instructor-free. Workbook - "Individual Program Planning With Developmentally Disabled Persons" Manual - "How to Implement and Maintain an Individual Program Planning System" and Videotapes - present informative lectures that the training groups will watch as directed in the workbook.

Cost

Publisher

Additional Information Available from:

Research and Training Center in Mental Retardation, Texas Tech University, P.O. Box 4510, Lubbock, TX 79409
Phone: (806) 742-2970

Item Curriculum Research and Development Center in Mental Retardation

Category MR Instruct Tech

Description

This center develops curriculum for the full range of mental retardation with particular emphasis on creating an effective methodology for teaching social adaptation to mentally retarded students and youth. It also conducts an array of evaluative studies related to teaching methodology and to problem solving capability. Information available from the center concerns its own work and the social learning curriculum it has been developing.

Cross Reference: MR Pers-Soc

Address

Curriculum Research and Development Center in Mental Retardation, 55 Fifth Avenue, Room 1409, New York, NY 10003

Phone

Additional Information

Instructional Techniques

Orthopedic handicaps vary according to degree of involvement, stability of the condition and age of onset. These factors help determine the degree to which an orthopedic handicap affects mobility or participation in certain activities. The instructor should become familiar with the nature of the individual's impairment and use techniques that help to meet the student's specific needs.

Typically, relatively little modification of instructional technique is needed for an orthopedically handicapped student. In fact, physical barriers are often one of the primary concerns -- is there adequate room to maneuver in classrooms, are work surfaces and storage areas in reach? The following recommendations provide guidelines for teaching individuals with orthopedic handicaps.

1. Be sure the methods of presentatation allow the student to see and hear what is being taught or demonstrated. The student may wish to sit at the front of the room.

2. Let the student who is orthopedically impaired determine when assistance is needed. It's easy for others to assume that help is needed when, in fact, the person may prefer to handle it alone. It may be advisable to discuss with the person in advance how he or she wishes to handle need for assistance in the classroom.

3. When the student does require help to accomplish a particular task, be sure the student has access to personal assistance -- perhaps through a buddy system.

4. Make sure appropriate equipment or facilities are available. Examples: lowered tables for drafting or laboratory work, a desk or lapboard for writing, or a left-handed desk when needed.

5. When an orthopedically handicapped student who has difficulty writing is taking notes, pause frequently to allow the person to keep up. Be aware that the orthopedically handicapped student who has difficulty writing has the right to tape record during class.

6. If writing is difficult for the handicapped student, another student may agree to share copies of classnotes. Special carbon notepaper is available for this purpose.

7. In some cases, handicapped students experience fatigue more easily than other students. Also, be aware that students who use wheelchairs may periodically "raise up" in the chair or shift position. This is not an expression of restlessness, but a necessary procedure to improve circulation and prevent pressure sores.

8. Adaptation of testing procedures may be required to accommodate the orthopedically handicapped student. If the manual skills required for writing are impaired, the individual may require more time to complete written exams. Dictation of answers is an alternative. Intermittent breaks may be advisable if the exam is lengthy.

Instructional Techniques

Each visual impairment is unique. Visual impairments vary according to the degree of visual loss, age of onset and cause. The instructor should become familiar with the nature of the student's impairment so that consideration can be given to the individual's specific needs.

Generally, the instructional approach will not need to be changed. The visually impaired student has methods to compensate for reduced vision. A student may choose to read braille materials, large type materials, or listen to a recorded book or lecture. The person may choose to write by using a braille writer or metal slate; he or she may tape record information. Keep in mind the following guidelines when teaching visually impaired students.

1. Do not raise your voice unless you have determined whether the student has a hearing impairment. If this is the case make adjustments with your voice and appropriate seating arrangement.
2. Speak directly to the blind person, not to a third party.
3. When talking to a blind person, use the words you normally use. Do not try to avoid words like "look" and "see," which are part of everyone's vocabulary, including the blind person's.
4. If discussing a form or passing out materials, describe these to the visually impaired.
5. When teaching or explaining something to a blind person be consistent in your directions since he or she cannot watch what you are doing. Explain fully and, whenever possible, let the sense of touch substitute for vision.
6. Say what you are doing when you demonstrate. Check you terms to avoid abstractness (for example: "This fastens on there").
7. Make clear how similar parts of processing can be distinguished by touch or sound. For example, in an Auto Mechanics class, give the student an opportunity to touch the various parts.
8. Make sure that you say everything you write on the chalkboard.
9. Encourage sighted classmates to be helpful but not to do the student's work.
10. Encourage the visually impaired student to sit in a position where he or she can hear you clearly and has adequate lighting.

11. Be sure to provide the student with an opportunity for adequate exploration of the classroom or work area and any tools or equipment. Often blind students will wish to get a general impression of an area or object, followed by detailed explanations of specific portions of the area or object. Keep the students informed of any changes in arrangement of furniture or equipment.

12. When providing instruction, consider these things:

    a. Provide an introduction to each lesson, describing the content to be covered and how the lesson will unfold; provide a separate introduction to each step in the lesson.

    b. Be as concrete as possible in discussions and explanations, and include activities for the students to carry out as often as possible.

    c. Present information in small chunks, allowing students time to assimilate the information. Frequent pauses are necessary for assimilation.

    d. Pause frequently to allow notes to be taken when student is writing his own notes. Also be aware that the visually impaired student has the right to use tape recorders in the classroom.

    e. A question-and-answer format is useful; it keeps students involved and lets you know if the message is getting through.

The preceding recommendations for instructional techniques with visually impaired students were reprinted from a handout entitled "Techniques to Use with the Visually Impaired" prepared by Lansing Community College, Lansing, Michigan 48901.

Title Handbook for Blind College Students

Subject VI Instruct Tech

Author

Date

Description

Cross Reference:
VI Coll & Univ

Annotation

Contains a collection of helpful hints and suggestions and lists regional libraries, machine lending agencies, braille presses, and print book enlargement agencies. (source: Closer Look)

Cost

$2.00

Publisher

Additional information Available from:

National Federation of the Blind, 218
Randolph Hotel Building, Des Moines,
Iowa 50309

Item NBA Reader-Transcriber Registry

Category VI Instruct Tech

Description

This registry accepts print materials to provide readers with information helpful in work, recreation, and daily living. Work is assigned to Library of Congress certified braillists. The service is not for textbooks or technical materials. Charges are 3¢ per brailled page (minimum $1.00 charge); duplicated additional pages are 5¢ each.

Address

NBA Reader-Transcriber Registry, 5300
Hamilton Avenue #1404, Cincinnati, OH
45224

Phone

Additional information

Item College Textbooks In Braille

Category VI Instruct Tech

Description

College textbooks in braille are available in the fields of science, mathematics and foreign language. They are produced at the National Braille Association Braille Book Bank, which is completely nonprofit and operated entirely by volunteers.

Address

National Braille Association, Inc., 85
Godwin Avenue, Midland Park, NJ 07432

Phone

Additional Information

Item American Printing House for the Blind

Category VI Instruct Tech

Description

This federally funded nonprofit institute was created in 1879. It supplies educational materials and equipment for blind children and adults. The Printing House publishes a catalog of textbooks available in braille including high-interest low vocabulary and regular texts. The textbooks listed are grade and high school level rather than post-secondary.

Address

American Printing House for the Blind,
1839 Frankfort Avenue, Louisville, KY
40206

Phone (502) 895-2405

Additional Information

Item Devices for Visually Impaired People

Category VI Instruct Tech

Description

This company produces the following devices to facilitate communication for visually impaired people:

SPEECH PLUS - talking calculator.

SAGE M - braille terminal which prints full-page braille counterpart to typewriter input; useful for information handling, computer programming and instruction.

SYNTHESIZED SPEECH SYSTEMS - talking console which audibly presents information normally presented visually.

OPTACON - compact, portable reading aid which translates image of printed letter into vibrating tactile form that can be felt with one finger.

"PAPERLESS" BRAILLE - approximately 400 pages of paper braille can be stored on a singel cassette tape.

Cross Reference: VI Communication

Address

Telesensory Systems, Inc., 3408 Hillview
Avenue, P.O. Box 10099, Palo Alto, CA
94304

Phone (415) 493-2626

Additional Information

Item Dialogue: A News and Information Service for the Visually Impaired

Category VI Instruct Tech

Description

This service provides free material for blind people. Materials are available recorded on cassettes and brailled. The service publishes quarterly editions. A subscription costs $12.00 for subscribers who are not blind.

Address

Dialogue Publications, 3100 Oak Park
Avenue, Berwyn, IL 60402

Phone

Additional Information

Item The Guild for the Blind

Category VI Instruct Tech

Description

This organization provides braille reading materials (grade, high school, and college textbooks; instructional and self-help books), large print materials (self-help books and individual requests), cassette tapes (individual requests, Chicago Magazine), and a free lending library of braille and cassette tapes. Other services include a boutique of aids and appliances, public information materials, resource center to handle information requests, and volunteer training.

Address

The Guild for the Blind, 180 North
Michigan Avenue, Chicago, IL 60601

Phone (312) 236-8569

Additional Information

Item Kurweil Talking Terminal

Category VI Instruct Tech

Description

The Kurweil Talking Terminal converts computer transmitted standard English text into high quality, easily comprehended synthetic speech. This programmed text-to-speech device is readily attached to any computer terminal.

Cross Reference: VI Communication

Address

Kurweil Computer Products, 33 Cambridge
Parkway, Cambridge, MA 02142

Phone (617) 864-4700

Additional Information

CHAPTER 7

Counseling Techniques

Although there is no psychology of disability and no evidence that disabled people necessarily will be less adjusted then their able-bodied counterparts, some disabled people encounter disability-related adjustment problems (Guidance, Counseling, and Support Services, 1977). A counselor's understanding of disability and the related issues and problems is an important component of counselor effectiveness. This section explores areas of concern in counseling disabled clients and presents suggestions for specific counseling strategies.

Family counseling is receiving increased attention as professionals recognize the crucial role of family members in the adjustment process for disabled people (Buscaglia, 1975; "The Role of the Family in Rehabilitation," 1978). Family counseling can involve the individual family unit or peer counseling with groups of family members.

Buscaglia (1975) stresses the need for specification of the goals of the counseling process in working with disabled people. He has idenfied the following goals of counseling disabled clients and their families:

1. To help family members see their disabled relative as a person first and a person with a disability second.

2. To understand the facts and issues involved in the disabling condition so as to maximize ability to help the individual in a constructive manner.

3. To assist family members and the disabled person to understand their unique feelings that have been aroused by the advent of a disability.

4. To aid the disabled individual and his or her family to accept the disability intellectually and emotionally without devaluating the person possessing it.

5. To help the individual and his or her family to develop their unique potentials, together and independently, toward the goal of self-actualization for each person.

The following are areas that are often of concern to disabled people: body image, self-concept, dependency, interpersonal skills and sexuality. These issues are discussed at greater length in the Personal-Social Aspects section of the Resource Guide. Counseling techniques and strategies that may be effective in addressing these issues are described below.

Body Image. Body image can have various meanings and impact for different individuals (Guidance, Counseling, and Support Services, 1977). In some cases, it may be important for the individual to rethink the value of physical perfection. The counselor should keep in mind that severity of disability is not a reliable indicator of psychological impact. In some cases a relatively mild disability may pose greater adjustment problems if the individual attempts to deny the disability and compete in all ways with non-disabled peers.

Self-Concept. In promoting development of positive self-concept, the counselor may encourage the client to participate in activities that can help the individual view himself in a competent performance role rather than a non-performance role (Guidance, Counseling, and Support Services, 1977). Activities may include avocational pursuits, employment or attainment of skills in a vocational or academic area. Personal achievements can help disabled people who see themselves on the sidelines to view themselves as productive individuals.

Dependency. Counselors working with disabled clients need to "be alert to their own paternalism and to the client's possible proclivity toward dependency" (Guidance, Counseling, and Support Services, 1977, p. 118). The counselor should strongly emphasize client participation in the decision-making process with recognition that freedom to fail is a part of the maturation process.

Interpersonal Skills. The following strategies may be used to promote personal-social growth (Guidance, Counseling, and Support Services, 1977). The counselor can develop a behavioral contract with the disabled client to help the individual overcome specific deficiencies that interfere with successful interaction. Clients should be encouraged to participate in non-threatening group activities — community organizations, school clubs, or group counseling. These provide opportunities to practice interpersonal skills.

Sexuality. Development of sexual identity and availability of information about sexuality are areas of concern for many disabled people. The counselor should recognize the effects that society's attitudes can have on the disabled person's sexual identity (see Handicapped/General, Sexuality). The counselor should also be aware of the client's possible need for accurate general information and disability-related information concerning sexuality.

As Wright (1960) states, strategies for dealing with disability can be that of coping or succumbing. In a coping framework, the focus is on the constructive possibilities; in a succumbing framework the focus is on the negative or tragic aspects. Counselors should evaluate their own orientations to clients' disabilities to ensure that they are not operating from a negative framework as well as help clients cope with, rather that succumb to, their disabilities.

Group Counseling

The group setting is a logical vehicle for the counselor to use in helping disabled clients with interpersonal problems (Guidance, Counseling, and Support Services, 1977). Through group interaction, clients can increase understanding and acceptance of values and goals as well as learn constructive behaviors and attitudes. From the counselor's perspective, group counseling provides the chance to see clients in an active social setting. For the client it provides the following: an opportunity to give as well as receive help, a relatively safe environment in which to improve social skills and receive feedback, and an opportunity to share feelings and thoughts with peers.

Group Counseling Strategies*

The purpose of group counseling is to have participants share their concerns. A number of strategies including role playing, simulation games, and group discussions may be used to promote the sharing process. Strategies to help initiate or stimulate group discussion include: use of a film depicting the life of a disabled adult, followed by group discussion; use of fictional or autobiographical literature to trigger discussions of personal concerns; and use of an autobiography focusing on reflections of what the individual's disability means to him or her. The topics of the autobiography might include experiences with family, friends and work or school associates; feelings about the disability and how it has changed the individual's life; and what the person has learned that could be helpful to others (Myklebust et al., 1962).

Role playing, sometimes termed sociodrama, or psychodrama, is adaptable to a number of teaching and counseling situations. In essence, it is a method in which problems and situations are acted out by an individual or members of a group. The process involves four steps:

1. Identifying a specific problem

2. Delineating the role to be played, describing the specific situation to be enacted, and selecting the participants to play various roles

3. Dramatizing the problems and alternative solutions

4. Having a comprehensive discussion or a reenactment of other possible solutions if necessary

Role playing is a strategy equally applicable to disabled and nondisabled individuals. It may be especially valuable for people with communication problems (e.g., a person who is deaf or who has unintelligible speech) because it can stress performance and nonverbal behavior. Pantomime, writing, or fingerspelling/sign language can, if necessary, supplement or replace oral expression. Brick (1967) considers the following to be specific advantages of role playing:

*Adapted reprint from Guidance, Counseling, and Support Services for High School Students with Physical Disabilities, 1977, published by Technical Education Research Centers, Cambridge, MA.

1. Role playing (in a warm and accepting atmosphere) can give individuals a chance to try out different behaviors with a minimum of personal threat. They can replay an old situation and learn a new ending. They can practice for a future situation.

2. Fears, conflicts, and feelings that are hard to verbalize may be released through the role. It may be easier to vent drives and emotions more honestly because the situation is an "act." Desensitization to areas of difficulty (e.g., how to handle teasing or personal insults) may be aided.

3. Encouraging participants to take on a role which is antagonistic to their own (e.g., to play the part of an able-bodied classmate, teacher, employer, parent, etc.) may give individuals insight into the feelings and viewpoints of others. "Putting yourself in someone else's shoes" may help the participant acquire greater flexibility in human relations.

4. Role playing gives participants a chance to show what they would do rather than merely discuss what they think they would do. It enables them to appreciate the meaning of "it's easier said than done."

5. Role playing provides opportunities for bringing a variety of roles and experiences into the individual's world within a short time, as opposed to letting them learn from practical experience over a long period of time. This may be especially valuable for those disabled people who have been deprived of many of the experiences common for the non-disabled individual.

Some counselors have combined role playing with assertiveness training. Participants learn the principles of assertiveness and how to recognize non-assertive, aggressive, and assertive reactions. They can enact current life situations that are troubling them. The facilitator requires that each situation be role played so that a non-assertive, aggressive, and assertive response is demonstrated by the group (Ryan, 1976). Proponents of transactional analysis could use a similar approach (Thomson and Mosher, 1975).

Examples of specific situations to role play include:

1. Though in a wheelchair and with some hand involvement, you've learned quite a few cooking skills in a continuing education class. But your spouse won't let you in the kitchen because of fears that you'll get hurt.

2. You have a severe speech impediment, though your hearing is normal. Some of your classmates or co-workers make snide comments whenever you attempt to speak. Your teacher or boss knows what's going on, but doesn't say anything.

3. You've heard of a bowling league that you'd like to join. You signed up (over the phone), arranged transportation with a friend who plays on the league. You arrive at the alley all eager to bowl. As you set up your portable guide rail, the league organizer informs you that you are "cheating" by using a rail.

4. You sing regularly in the church choir. This is your first year at college. You're interested in the choir group, but the director says you can't participate. The choir regularly goes on tours and the fact that you require a wheelchair would create transportation and "image" problems.

5. You are a better than average swimmer and want to try out for the school swim team. You've been deaf since birth and your lipreading and speaking skills are only fair. The coach has never worked with a deaf person before and hesitates to let you try out because of the communication problem.

6. You want to enroll in a carpentry class (you made B's in previous shop courses). Your counselor says no -- the teacher doesn't want to be responsible for a possible injury.

7. You've worked on several class projects with a woman in your history class. She seems to appreciate your sense of humor. You want to invite her to the movies. Will she accept a date with a guy with cerebral palsy?

8. You've been deaf since age 10. You lipread pretty well and your speech is ok. There's another deaf student in your class. You don't like him that much, but he expects you to sit with him at lunch, etc. (His speech is unintelligible, but you both sign pretty well). A hearing classmate asks you to join a table of friends. Your deaf acquaintance is waiting for you to sit with him. What do you do?

9. You want to apply for an office job. You have good typing skills and a semester course in office machines. Should you mention to your prospective employer that you have epilepsy?

References

Brick, L.J. The use of role playing as an educational and therapeutic device with the deaf. Journal of rehabilitation of the deaf, 1967, 1 (2), 53-58.

Buscaglia, L. The disabled and their parents: A counseling challenge. Thorofare, NJ: Charles B. Slack, 1975.

Guidance, counseling, and support services for high school students with physical disabilities. Cambridge, MA: Technical Education Research Centers, 1977.

Myklebust, H., Neyhaus, A., and Mulholland, A. Guidance and counseling of the deaf. American Annals of the Deaf, 1962, 107 (4), 370-415.

The role of the family in rehabilitation. Rehabilitation Brief, 1978, 1(14).

Ryan, K. Assertive training: Its use in leisure counseling. New Outlook for the Blind, 1976, 70 (8), 53-58.

Thomson, S., and Mosher, J. R. An eye to change: Transactional analysis in rehabilitation. New Outlook for the Blind, 1975, 69 (2), 64-72.

Wright, B. A. Physical disability: A psychological approach. New York: Harper & Row, 1960.

Title Client and Counselor Attitudes in a Rehabilitation Setting: A Selected Annotated Bibliography

Subject HG Coun Tech

Author

Date

Description

contains 53 listings

Annotation

Cost

$.50

Publisher

Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers George Washington University, 1828 L Street, N.W., Suite 704, Washington, D.C. 20036

Additional Information

Make checks payable to George Washington University.

Title Guidance Needs of Special Populations

Subject HG Coun Tech

Author

Date 1979

Description

Annotation

This document (Information Series No.145) examines background, characteristics and unique problems of students who are disadvantaged, handicapped or of different cultural background. Recommendations are given to assist counselors in meeting the needs of students from special populations.

Cost

Less than $5.00

Publisher

Additional Information Available from:

The National Center for Research in Vocational Education, The Ohio State University, 1960 Kenny Road, Columbus, Ohio 43210

Title The Helping Interview, 2nd edition

Subject HG Coun Tech

Author Benjamin, A.

Date 1974

Description

167 page paperback book

Annotation

This book is a practical guide to interview techniques. It includes information about environmental factors in the interview setting, stages of interviewer and interviewee-initialed interviews, attitudes and behavior, skills in using questions, responses and leads, and factors affecting communication. Although it does not focus specifically on counseling disabled individuals, the book contains information relevant to counseling skills for use with all individuals, disabled or nondisabled.

Cost

Publisher

Houghton Mifflin Company
Boston, MA

Additional Information

Title Interviewing Guides for Specific Disabilities

Subject HG Coun Tech

Author

Date

Description

5" x 8" pamphlets
each covering a
specific disability

Cross Reference:
HG Placement

Annotation

The guides, available for a wide range of disabilities, are designed to assist interviewers and counselors in understanding the physical aspects of work capacity and their relation to other personal factors. Pamphlets include medical description of the disease or disability (including definition of medical terms), evaluation of work capacity, cooperating agencies, and "how-to" information in working with individuals who have a particular disability. The guides will assist counselors, particularly those involved in vocational aspects, in recognizing the possible presence of a disability, interpreting medical reports in work capacity terms, determining completeness of medical reports, appraising physical capacity and developing selective placement skills.

Cost

Publisher

U.S. Department of Labor, Bureau of Employment Security, United States Employment Service.

Additional Information

Available from: U.S. Government Printing Office, Washington, D.C. 20402
#16-69399-2

Counseling Techniques

Counseling with individuals who have cerebral palsy poses special considerations for the counselor. The array of disorders frequently associated with cerebral palsy may interfere with effectiveness of standard counseling techniques. The severity of the disability's effect on communication is of special concern with counseling approaches that rely heavily on client-counselor communication. When mental retardation accompanies cerebral palsy, additional modifications of counseling techniques may be required. Awareness of the client's individual abilities and limitations forms the basis from which the counselor can develop effective counseling techniques and strategies.

When counseling with cerebral palsied individuals, the counselor should be aware that recognition of strengths and weaknesses is equally important (McLarty and Chaney, 1974). Excessive focus on the client's limitations can restrict awareness of the range of alternatives and opportunities available to the person. Failure to consider limitations can result in heartbreaking disappointment for the individual. The following is a common problem resulting from failure to consider weaknesses. Many individuals with cerebral palsy graduate from college and are unable to find employment commensurate with their education because the individual's limitations were not realistically considered in the choice of career (McLarty and Chaney, 1974).

If the counselor has difficulty understanding what a cerebral palsied client has said, it's appropriate to ask the person to repeat it or say the same thing in different words. The counselor should become familiar with adaptive aids that might facilitate communication during counseling sessions. For example, when the client's speech is severely affected, a communication board or pen and paper kept on hand during sessions can be very useful if communication reaches an impasse. The counselor should remember that speech difficulties associated with cerebral palsy are not necessarily indications of mental retardation. The counselor needs to avoid "talking down" to the individual.

Garrett (1966) suggests that a greater number of counseling sessions may be required, especially for vocational exploration with cerebral palsied clients. This may be required because of the many factors involved in the decision making process for people with multiple handicaps. Shorter sessions are recommended if the person tends to tire easily. Garrett (1966) also suggests that the counseling room be kept as simple as possible to minimize distractions. Since anxiety, tension, and fatigue may exacerbate speech and motor problems, the counselor should make sure the client feels at ease (Guidance, Counseling and Support Services, 1977).

Clients who have cerebral palsy should be encouraged to participate actively in the counseling process. Individuals who've had to spend much time in medical treatment may become accustomed to having instructions prescribed authoritatively by professionals. The counseling process provides an opportunity for the individual to participate as an active partner. This allows the client to see himself as a worthy and responsible agent (Guidance, Counseling and Support Services, 1977).

The interpersonal dynamics between the counselor and client have long been recognized as an important factor in counseling outcome. In working with clients who have severe cerebral palsy, the counselor should pay particular attention to his or her reactions toward aspects of the client's physical condition. If the counselor reacts negatively to the client's physical characteristics, the results can be highly detrimental to the client's feelings of worth and acceptance.

References

Garrett, J. F. Realistic vocational guidance. In W. M. Cruickshank (Ed.), Cerebral palsy: Its individual and community problems. Syracuse: Syracuse University Press, 1966.

Guidance, counseling, and support services for high school students with physical disabilities. Cambridge, MA: Technical Education Research Centers, 1977.

McLarty, C. L., and Chaney, J. A. The cerebral palsied. In R. E. Hardy and J. G. Cull (Eds.), Severe disabilities: Social and rehabilitation approaches. Springfield, IL: Charles C Thomas, 1974.

Counseling Techniques

The counselor's understanding of the psychological and social implications of epilepsy is essential in working with individuals who have epilepsy. This alerts the counselor to potential problem areas and improves understanding of the client's psychological makeup. The special adjustment problems faced by epileptic individuals will be examined, followed by presentation of a counseling approach that has been used with this population.

According to Goldin and Margolin (1975), the unpredictable, episodic nature of seizures creates feelings of uncertainty and anxiety. These feelings can affect the individual's self-confidence and goal direction. In addition, this culture's emphasis on self-control, conformity, perfection, independence and competition may profoundly affect the psychosocial functioning of individuals with epilepsy (Goldin & Margolin, 1975).

To the epileptic person and those around him, seizures can represent loss of control. Because of the value society places on regularity, predictability and self-control, this implied lack of control may be psychologically painful (Goldin & Margolin, 1975). The occurrence of seizures and the epileptic person's reliance on medication can cause the person to feel dependent and set apart from other people. These feelings are heightened because of the culture's emphasis on independence, perfection and conformity. Some epileptic individuals withdraw socially, which may foster greater dependence than the condition truly warrants. Capacity and motivation for competition may be strongly affected due to lowered self-confidence, limitations on certain activities, or sedative effects of medication (Goldin & Morgolin, 1975).

In working with epileptic individuals, counselors cannot overlook the influential role of the family in psychosocial adjustment (Goldin & Margolin, 1975). Goldin and Margolin (1975) report research findings establishing that young persons with epilepsy who had negative or poor family relationships also had negative or poor psychosocial relationships at school, in the community and in recreational and vocational situations. Family members may react defensively to the stigma attached to epilepsy. Guilt may arise if they believe the condition is inherited. Parents, siblings or spouses may be overprotective or overly demanding of their epileptic family member.

Conflict over disclosing one's epilepsy may be a concern for individuals who have epilepsy (Guidance, Counseling, and Support Services, 1977). If the condition has no bearing on safety factors in a situation or on a particular relationship, disclosure is not mandatory. Yet it becomes an important issue when extreme anxiety or shame prevents disclosure and possibly exposes the person to physically dangerous situations. Secrecy can also lead to social isolation and feelings of guilt. Counseling can help the individual to accept the disability without feelings of devaluation, to gradually risk disclosure, and to cope with others' negative reactions should they occur. Research findings (Guidance, Counseling and Support Services, 1977) show that the sense of stigmatization begins to lessen when individuals risk disclosure and discover that others' reactions are not strongly negative To maximize the therapeutic effect, these "others" should be carefully chosen so that positive interactions are more likely to occur.

The Critical Path Approach to Counseling Persons with Epilepsy

One technique available for counseling epileptic individuals is the critical path approach. Sands and Kraus (1975) describe it as "the most efficient and economical means of reaching the rehabilitation goal" (Sands and Kraus, 1975, p. 105) with clients who have epilepsy.

> The critical path concept . . . and the method derived from it are designed to help the counselor formulate a practical problem-solving plan. This plan, the adjustment-counseling schedule, identifies the tasks or functions that must be completed in succession to reach the goal; the sequence is called the critical path. Factors or functions are critical tasks. The critical path gives the counselor a basis for selecting factors on which to concentrate and for deciding their relative priority. (p. 105)

In this process, the counselor assesses all client problems and determines the degree to which each factor affects rehabilitation efforts. Factors having direct positive or negative impact lie on the critical path and deserve attention. Other less significant problems can be bypassed. The counselor and client can select those problems that cause highest levels of anxiety and deal with them first. The counseling process then focuses on one problem after another until the goal is achieved.

Sands and Kraus (1975) stress that the collection of relevant data is an essential first step in the critical path approach. This includes medical findings, psychological test results, social work evaluation and information about the client's feelings, concerns, fears, anxieties, goals and strengths. For persons interested in pursuing this approach Sands and Kraus (1975) present a detailed case history that demonstrates the critical path counseling procedure.

References

Goldin, G. J., & Margolin, R. J. The psychosocial aspects of epilepsy. In G. N. Wright (Ed.), Epilepsy rehabilitation. Boston: Little, Brown and Co., 1975.

Guidance, counseling and support services for high school students with physical disabilities. Cambridge, MA: Technical Education Research Centers, 1977.

Sands, H., & Kraus, C. A. Personal adjustment counseling for persons with epilepsy. In G. N. Wright (ed.), Epilepsy rehabilitation. Boston: Little, Brown and Co., 1975.

Title Epilepsy - On the Way to Work: A Guide for the Rehabilitation Counselor

Subject Ep Coun Tech

Author Schlesinges, L.E. and Frank, D.S.

Date 1976

Description

Cross Reference:
Ep Daily Liv
Ep Voc-Occ

Annotation

This guide has been designed to give the reader useful information about epilepsy along with particular ways of applying this knowledge to daily activities. Contents include medical aspects, vocational preparation, and information useful to counselors. A directory of Epilepsy Foundation of America Chapters is also included.

Pertains to competencies in the Daily Living and Occupational Guidance and Preparation domains.

Cost

free

Publisher

Additional Information Available from:

Epilepsy Foundation of America, 1828 L Street, N.W., Washington, D.C. 20036

Counseling Techniques

Effective communication between client and counselor is essential in the counseling process. In counseling with deaf or severely hearing impaired clients, communication is of even greater significance because of the communication problems inherent in the nature of the disability. The client and counselor need to share some common mode of communication —whether it be manual communication involving signing and finger spelling, oral communication involving speech and lipreading, or total communication involving any combination of these and other techniques.

Patterson and Stewart (1971) recommend that counselors become familiar with the characteristics of the disability, the special problems hearing impaired people are likely to encounter and the impact of these problems on the counseling relationship. Patterson and Stewart (1971) note the following characteristics of deaf clients that are likely to pose problems in counseling.

Language limitations. Most deaf people are severely handicapped in their knowledge and use of language which is manifested in poor reading ability, underdevelopment of vocabulary, and language in which syntax and meaning are distorted. Richness and depth of expression may be limited.

Conceptual limitations. Because of language limitations and inadequate stimulation during the developmental period, individuals who have been deaf since birth or early childhood often have limited ability to deal with abstract concepts. In counseling, the conceptual limitation may affect the degree to which the client is able to recognize and discuss feelings because they involve abstractions.

Communication deficiencies. Extensive problems surround communication between client and counselor. Even a counselor who is proficient in manual communication may have difficulty adapting communication to the client's particular use of syntax and grammar.

Developmental and experiential limitations. Deafness often isolates the deaf person,restricts interaction with peers, limits input from the environment, and curtails opportunities to learn behaviors that facilitate independent functioning. As a result of these experiential limitations, in working with a deaf client the counselor may become involved with information giving to a greater extent than with other clients.

Patterson and Stewart (1971) offer the following information and suggestions to counselors working with deaf clients.

1. Available information indicates that less verbal and less abstract approaches to counseling are more appropriate for most deaf clients.

More verbal and abstract approaches are feasible only with deaf clients who possess normal or exceptional verbal skills. Some researchers suggest an eclectic approach that uses basically directive techniques. Development of insight in deaf clients is extremely difficult because of language and conceptual limitations.

2. The deaf client's language skills should not be considered an indication of level of intelligence. Rather, language skills reflect age of onset, type and degree of deafness, interaction patterns during childhood, and early education. Counselors should be careful to avoid a paternalistic attitude which tends to develop in response to deaf people's communication and language limitations.

3. A deaf client's conceptual limitations may affect counseling in several ways. It may be particularly difficult for deaf clients to understand feelings and recognize the affective nature of his or her difficulties. Statements like "I understand how you might feel that way," . . . "I see what you mean" may be meaningless to the deaf client. It's often better to use specific concrete statements or questions such as "Are you happy at home?", "Is your wife nice to you?" Open-ended, unstructured questions are not likely to be effective with deaf clients.

4. Counseling with deaf clients requires almost continuous visual contact between client and counselor. To understand the communication modes used by deaf people, visual contact is of paramount importance. However, when there are lapses or "silences" in communication, the counselor should look away slightly to avoid giving the impression of staring at the client.

5. Tests can be of benefit to deaf clients, especially in increasing clients' knowledge about their own abilities. However, language limitations may prevent use of tests that are highly verbal in content. Explanation of test results requires special consideration in working with deaf clients. Vernon (1967) has written an article that discusses the strengths and limitations of various psychological assessment instruments for use with deaf clients.

6. The counselor needs to be aware of the various possibilities for confusion and misunderstanding that stem from the client's language, communication and experiential deficits. The counselor's attitude and philosophy toward communication with the client is an important component of counselor effectiveness. If at all possible, the counselor should communicate in the manner preferred by the client. This facilitates communication and demonstrates the counselor's acceptance of the client.

Ramsdell (1970) notes that individuals who lose their hearing in adulthood often experience feelings of depression and discouragement. Ramsdell attributes these feelings of depression to the loss of the auditory background in daily living. These incidental noises—the distant sound of traffic, the tick of a clock, muffled conversation in another room—maintain the feeling that we are part of the living world. We are seldom aware of these background sounds, yet they play an important role in the sense of being alive. Likewise, a deaf individual is seldom aware that he or she has lost these sounds. Instead, the deaf person is only aware of feeling that the world is dead, of feeling depressed and discouraged.

It is important for the counselor to help the deaf individual become aware of the loss of background sounds and the effect this is likely to have on feeling states. "An extremely important step toward relieving the characteristic depression is taken when the deaf person realizes the reason for his emotional state . . . The mere understanding of the reason for a feeling state does much psychologically to relieve its intensity" (Ramsdell, 1970, p. 439).

References

Patterson, C. H., & Stewart, L. G. Principles of counseling with deaf people. In A. E. Sussman & L. G. Stewart (Eds.), Counseling with deaf people. New York: Deafness and Research Training Center of New York University School of Education, 1971.

Ramsdell, D. A. The psychology of the hard-of-hearing and the deafened adult. In H. Davis & S. R. Silverman (Eds.), Hearing and deafness (3rd Ed.). New York: Holt, Rinehart and Winston, 1970.

Vernon, M. A guide to psychological evaluation of deaf and severely hard of hearing adults. Deaf American, 1967, 19(9), 15-18.

Title	Counseling With Deaf People
Subject	HI Coun Tech
Author	Sussman, A. E. and Stewart, L. G. (Eds.)
Date	1971
Description	158 pages, paperback book
Annotation	This is an excellent resource about the major areas of concern facing the professional discipline of counseling with deaf individuals. It includes information about social and psychological problems of deaf individuals, the current status of the field principles of counseling deaf people, role and function of the counselor, and counselor selection education and training.
Cost	
Publisher	Deafness Research Training Center, New York University School of Education
Additional Information	

Counseling Techniques

In recent years, counseling techniques for use with persons who are mentally retarded have expanded beyond traditional one-to-one verbally-oriented approaches. Mentally retarded individuals are no longer handicapped by reliance on traditional techniques that depend heavily on the client's abstract verbal abilities. Rusalem and Malikin (1976) suggest that counselors working with mentally retarded clients disregard labels and stereotypes and focus instead on personal strengths and capabilities.

In Vocational Preparation of Retarded Citizens, Brolin (1976) suggests the following methods to assure effective results in counseling individuals who are mentally retarded:

1. The counselor needs to validate frequently the verbal comprehension and expression by the client who is mentally retarded so that misunderstandings can be avoided. It is recommended that the counselor check frequently to determine whether the client is comprehending and review what has been said in a nonthreatening manner. When conveying certain information, it may be helpful to ask the client to explain what has been discussed and what it means. Use of concrete terms and frequent checks are appropriate if presented in a respectful, adult manner.

2. Because persons who are mentally retarded frequently have had much experience with failure and rejection, early counseling efforts often must be directed toward building the client's self-concept, self-confidence, and confidence in the counselor. A positive counseling relationship that is supportive and trusting is essential.

3. Because mentally retarded individuals frequently have fewer experiences than others, they may have a limited concept of the world, the community and available opportunities. An educational focus may be helpful to expand the client's awareness.

4. Counseling sessions should not be too long or cover too much information. Brief but frequent sessions are preferable. Assignments can be given so that the client has time to think about the topic. Discussion of the assignment at the beginning of the next meeting can give continuity to the sessions.

5. Use of audio-visual aids, blackboards, role playing, writing, and reference materials can be valuable in counseling sessions.

6. Identification of the client's needs, values, interests and abilities are important themes in counseling individuals who are mentally retarded.

Individual Counseling

Brolin (1976) recommends a combination of directive, client-centered and behavioral approaches for use in counseling most retarded individuals. The specific approach depends upon the counselor's orientation and the client's particular problem. Brolin's preference is use of basic behavioral principles supplemented with client-centered and directive techniques. Attention must be given to acquisition of new behaviors as well as replacement of maladaptive behaviors. Brolin recommends the following methods:

1. Identify behavior(s) that need change. Information from teachers, family members, rehabilitation personnel, the client or direct observation can facilitate this process. It is important that the client define the target behavior(s) and agree about the inappropriateness.

2. From direct observation and/or use of an objective checklist, determine a way to measure the target behavior and establish frequency of occurrence (base line) for several days before beginning the behavioral program.

3. Specify the environmental events which support or maintain the behavior and need to be changed.

4. Specify the behavior that is desired through consultation with the client and others involved.

5. With the client's input, determine the reinforcements which are likely to increase the occurrence of desired behavior(s). Examples might include special privileges, money, praise, etc.

6. Develop a verbal or written contract with the client. The contract should specify the stimulus (events in the environment which precipitate the undesired behavior); the desired response; the contingency for reinforcement (what must be done to get a reward); and the reinforcement or reward.

7. The program can begin in the counseling session by providing immediate, continuous approval and attention to the desired verbalizations. The counselor should withdraw attention when inappropriate verbalizations occur. Video-tapes and role playing may be used.

8. The counselor can use daily reports of client's behavior from family members and school or workshop personnel.

9. Continuous and objective recording of counseling progress and progress in other settings is essential.

Russlem and Malikin (1976) indicate that self-concept is often neglected in counseling individuals who are mentally retarded. Counselors often assume that the concept of self is too abstract for comprehension by mentally retarded individuals. On the contrary, counseling experience indicates that mentally retarded persons are often concerned about the way that others see them. Since awareness and acceptance of self provides a context in which to improve interpersonal skills, building self-concept and self-awareness are important aspects. Involvement of family members is also important. Rejecting or overprotective family members can foster negative self-image, fear or dependence. Helping family members learn to relate constructively to the retarded individual can have significant effect on counseling progress.

Group Counseling

Brolin (1976) cites numerous sources which support the effectiveness of group counseling for individuals who are mentally retarded. One advantage is that group counseling creates a social setting that requires accepting interaction between group members and provides opportunities for problem solving and peer input (Rusalem and Malikin, 1976). Two techniques in particular, modeling and role playing, seem to be effective in group counseling mentally retarded people (Brolin, 1976). Modeling can be especially useful for changing perceived inadequacies, reducing or eliminating social and vocational behaviors considered undesirable, acquiring social or vocational behaviors, and preparing the person for transition into a nontherapeutic environment. The selection of models is an important factor. A model with a disability that resembles the client's may be effective, but can sometimes have negative repercussions.

Role playing is an important tool that can provide diagnostic information as well as provide opportunity to practice specific skills and gain sensitivity to one's social behavior. The following procedures are recommended in conducting effective role-plays with retarded persons: (1) the leader should take on a directive role, (2) to begin, the leader should introduce an idea which reflects the situation to be enacted, (3) participants should choose voluntarily the characters they wish to play, (4) the leader's participation is optional, (5) after restating the situation, the leader reassures participants that they can portray their roles as they wish without condemnation, (6) after the role play is completed, there is discussion of the participants' role behaviors and handling of the situation. Re-enactment of the situation may be desirable.

References

Brolin, D. E. Vocational preparation of retarded citizens. Columbus, OH: Charles E. Merrill, 1976.

Rusalem, H., and Malikin, D. (Eds.). Contemporary vocational rehabilitation. New York: New York University Press, 1976.

Title New Look At The Mentally Retarded

Subject MR Coun Tech AV

Author

Date 1973

Description

16 mm, sound, color
42 minutes

Annotation

A compelling and honest film about people with moderately severe retardation, their relationship to their relatives, counselors and to "normal" society. Shows this group as neither pathetic nor tragic, but simply with different needs and modes of expression, who respond to different stimuli. Demonstrates that the gap between the retarded and counselors can be bridged through gentleness and patience. Acceptance of the retarded on their grounds gets both emotional and cognitive results (source: Disability Attitudes: A Film Index).

Cost

Rental: $25.00
Purchase: $575.00

Publisher

Netherlands Information Service, Anna
Paulownastraat 76, 2518 BJ's - Gravenhage
The Netherlands

Additional information Can be rented from:

International Rehabilitation, Film
Review Library, 20 West 40th Street,
New York, NY 10018
Phone: (212) 869-0460

Title Personal Adjustment Training: Volumes I, II and III

Subject MR Coun Tech

Author Rosen, M., and Zisfein, L.

Date 1975

Description

Cross Reference:
MR Pers-Soc

Annotation

This group counseling curriculum is designed for use with mentally retarded persons. Sections include:

- self evaluation
- identity
- self-concept
- acquiescence
- exploitation
- assertive training
- heterosexual training
- independence

The methods used include: group dynamics analysis, role play and self confrontation techniques.

Pertains to competencies in the Personal-Social domain

Cost

Publisher

Additional information Available from:

Elwyn Institute, Educational Materials
Center, Elwyn, Pennsylvania

Title The Emotionally Disturbed, Mentally Retarded: A Historical and Contemporary Perspective

Subject MR Coun Tech

Author Balthazar, E. & Stevens, H.

Date 1975

Description

Annotation

This book is suggested for detailed reading on treatment of psychological problems of mentally retarded individuals.

Cost

Publisher

Prentice - Hall
Englewood Cliffs, NJ

Additional Information

OH Coun Tech

Spinal Cord Injury Rehabilitation:
A Message To Helping Professionals
by Karen Jasper

Too often, it seems to me, we in the helping professions focus upon a medical-vocational model of rehabilitation, even when it is clear to us that the major issues are not exclusively medical and/or vocational, but emotional, interpersonal, and functional. To a spinal cord injured person who must learn to trust again - in essence, to live again - we do a great disservice when we assume that he/she can or should handle these major life issues alone; too often we fail to provide the encouragement, the faith, and the means which will assist him/her in "making it". It is with ironic reversal, I think, that it becomes we who are overwhelmed by the countless and multi-leveled needs and demands of a spinal cord injury, and it is often we who lose faith or give up in the full rehabilitation process. Because the obstacles appear so overwhelming, we translate a message of hopelessness to a person who perhaps, with support and opportunity, could become "properly" rehabilitated.

I know I am not alone in sometimes wondering if we truly know what we are doing at this point in the rehabilitation of spinal cord injured people. For example, there may be psychological effects that are delayed one, five, and ten years after an injury, and an individual's "readiness" for the massive reconstitution process required may vary unpredictably over so large a number of years. Perhaps a person's long period of withdrawal, depression, and/or lack of interest may simply be due to an unrecognized attempt to gather the psychic energy needed to tackle such a reconstitution. At this point in time, due especially to a major lack of long-term research in the psychological processes of spinal cord injured persons, we simply do not know enough about our part in the rehabilitation of people who become traumatically disabled.

I once heard Dr. Tom Stuart, then a psychiatrist at the West Roxbury V.A. Hospital, say that the learning of technical skills, although obviously important, is not a substitute for learning to live in a different way; and learning a new life means thinking a new way. The magnitude of such a life task can demand months, years, of working through and of non-judgmentally coming to terms with who one is. In a period of five or ten years, we all change in major ways as we face life's major issues - a severe physical disability even further complicates this process through the multiplicity of crisis inherent in such an injury.

The goal of rehabilitation never changes - its direction is always toward the promotion of self-worth and ego integrity of accepting and valuing who one is. Our aim is to assist a disabled person in reformulating a self that approves of continuing to be: simply, a self that is predicted on worth, not on deficiency; a self that recognizes that despite its physical characteristics, it has worth and meaning. The most valuable contribution we helping professionals can make to an individual's rehabilitation is, I submit, a willingness to concretely share the burden of this reformulating process - to accept at times a part of the heavy burden of learning to live again. Perhaps we as separate human beings must be willing to share not only the issues of discomfort and dependence and disease, but also the experiences of each: counseling someone toward a re-involvement in social activities, for example, is not the same as supporting and sharing those activities with him. And telling a client that life can be OK again or that she/he is not "motivated" to live independently, is not as helpful as respecting the despair behind the inactivity while actively participating and encouraging the process of making life OK again.

It is not an easy road - the process of becoming "whole" once again. We must understand this. And, yet, it is not an impossible road either. Caring, knowledgeable people can have a profound effect on how a traumatically disabled person will view the world, as well as his or her place in that world.

Peer Counseling

In recent years, Peer Counseling has become a very effective means of dealing with and supporting the multi-faceted problems of physical disability. It has shown to be an effective way for the disabled person, as well as their family and friends, in coping with, and understanding severe physical disability. Peer Counseling can be a formal program or service, or it can simply be contact and assistance from another disabled person, family member, or friend.

Reprinted from National Resource Directory, 1979, published by the National Spinal Cord Injury Foundation.

Counseling Techniques

Counseling procedures may have to be somewhat modified for the blind individual [or the individual with severe visual impairment]. Jordan and Hunter (1960) provide the following guidelines:

- The visually impaired person receives many nonverbal cues. The counselor's shuffling of papers or tapping of a pencil may connote the counselor's inattentiveness, or rejection, impatience, or annoyance. [The counselor should look at the client while speaking. As the head turns, the voice follows.]
- The counselor should be specific in making appointments and be ready for the client in order to help convey acceptance and support.
- The counselor should orient the client to the set-up of the room.
- The counselee may initially expect and want structured sessions as s/he may be used to structured activity.

It is essential that the counselor remember the importance of *audible* cues related to attentiveness, interest, and sympathy. Cholden (1958, p. 41) suggests interpolating "yes", "uh huh", and other sounds to indicate understanding and acceptance. The tone of voice is important. Cholden also notes that the facial expression is a poor indicator of emotion in a blind person. It is helpful to watch the fingers and hands for tension in order to assess the emotional state of the client.

References

Cholden, L. *A psychiatrist works with blindness: Selected papers*. New York: American Foundation for the Blind, 1958.

Jordan, J. E., & Hunter, W. F. Counseling the blind. *Personnel and Guidance Journal*, 1960, *39*(3), 210-214.

The preceding is an exerpt reprinted from *Guidance, counseling and support services for high school students with physical disabilities*. Cambridge, MA: Technical Education Research Centers, 1977.

PART II

DAILY LIVING ASPECTS

CHAPTER 8

Daily Living Aspects

Daily living skills is the term used to refer to the range of self care and personal management skills required for successful independent living. The daily living area or domain is broken into nine competencies (for listing of competencies and subcompetencies in Daily Living domain, see section on "Handicapped/General, Career Development"). Information on the Daily Living domain listed in the Resource Guide will be categorized in the following areas: Civic Affairs, Family Living, Financial Management, Housing and Home Management, Leisure and Recreation, Mobility, Personal Hygiene and Grooming, and Sexuality.

Daily Living Skills and Handicapped Individuals

The importance of mastering daily living skills cannot be overlooked if handicapped individuals are to achieve maximum levels of independence (Brolin and Kokaska, 1979; Burkhead, Domeck and Price, 1979). Without these self management skills, individuals have little likelihood of achieving successful independent functioning despite vocational training and preparation.

In many cases, usual ways of learning daily living skills are unavailable to people who have handicaps because of the nature of the disability. For example, a blind person would not have the same opportunity as his sighted peers to learn daily living skills such as meal preparation by watching his parents in this activity. Since learning that occurs through modeling is not as readily available to blind individuals, specific instruction in these areas is particularly important. In addition, many parents or family members do not encourage their relatives to participate in household or personal care activities so that daily living skills can be acquired. They may believe it is easier to do these activities for the handicapped member of the family than to help them learn the skills, or they may fail to recognize the individual's potential to learn.

As the importance of daily living skills is recognized, opportunities for handicapped persons to learn these skills are increasing. Schools, elementary through post-secondary, are providing specific opportunities for handicapped students to acquire these skills through regular curricula, support courses, and adult and continuing education programs. Availability of curriculum materials covering daily living skills is rapidly expanding. Many of these materials are geared for self-help.

Community and family involvements also serve to expand learning opportunities. As examples, clothing and food manufacturers provide information on adaptive aids and techniques; educational opportunities are available through on-site visits of organizations and public services in the community. By aligning family involvement with school and rehabilitation efforts, family members — whether parents, spouse, or siblings — can create learning opportunities and provide supportive encouragement to handicapped individuals as they master independent living skills.

References

Brolin, D.E., and Kokaska, C.J. Career education for handicapped children and youth. Columbus, OH: Charles E. Merrill, 1979.

Burkhead, E.J., Domeck, A.D., and Price, M.A. The severely handicapped person: Approaches to career development. Columbia, MO: University of Missouri-Columbia, 1979.

Item Tests for Everyday Living

Category HG Daily Liv

Description

The Tests for Everyday Living (TEL), published in 1979 by McGraw-Hill, measures knowledge of life skills necessary to successfully perform everyday life tasks. Examples include skills related to shopping, using bank accounts, managing one's personal finances, obtaining and keeping a job, and maintaining one's health. The seven tests of TEL reflect the curriculum and programs at both regular and special education in school programs across the country. The seven tests are: Job Search Skills; Job Related Behavior; Health Care; Home Management; Purchasing Habits; Banking; Budget. TEL Specimen Set costs $5.50.

Pertains to competencies in the Daily Living and Occupational Guidance and Preparation domains.

Address

Phone

Additional Information

Title Rehabilitation for Independent Living
A Selected Bibliography

Subject HG Daily Liv

Author

Date 1978

Description

Annotation

The resources in this bibliography pertain to the areas of home management devices, cookbooks, housing and home furnishings, and personal hygiene and grooming.

Cost

Publisher

Women's Committee, President's Committee
on Employment of the Handicapped
111 20th Street, N.W., Washington, D.C.
20210

Additional Information

Title Pathways Toward Independence

Subject HG Daily Liv

Author

Date

Description

Cross Reference:
HG Pers-Soc

Annotation

Includes target behaviors and steps in learning daily living skills and social behaviors.

Pertains to competencies in the Daily Living and Personal-Social domains.

Cost

Publisher

Ohio State University, The Nisonger Center,
1580 Cannon Drive, Columbus, Ohio 43210

Additional Information

Item On Your Own

Category HG Daily Liv

Description

This monthly newsletter contains ideas, new devices, service programs, and articles for handicapped individuals.

Pertains to competencies in the Daily Living domain.

Address

Continuing Education in Home
Economics, P.O. Box 2967, University,
AL 35486

Phone

Additional Information

183

Title Source Book

Subject HG Daily Liv

Author Hale, Glorya (Editor)

Date 1979

Description

8½" X 11" book in paperback or hard cover.

Annotation

The book, which includes over 600 drawings, covers topics such as aids and devices, home lay-outs, transportation, building codes, educational and employment opportunities, sexuality, disabled children and parents, cooking and vacations.

Pertains to competencies in the Daily Living domain.

Cost

paperback $9.95

hard cover $15.95

Publisher

Paddington Press, 95 Madison Avenue, New York, New York 10016

Additional Information

Title Family Development Series, Revised

Subject HG Daily Liv

Author

Date

Description

Workbook

Cross Reference:
HG Pers-Soc

Annotation Adapted from materials produced by the RFD Project at the U. of Wisconsin, the series is an adult study program which teaches useful life-coping skills and develops decision-making ability. Each book focuses on a particular area of personal, family or community living and introduces practical situations that might be encountered in everyday life. The series can be used in a variety of learning situations. Level, grades 4-6.

Titles: Health, Safety, and Sanitation (0671-7), Buying Guides (0666-0), Family Money Management (0672-5), Understanding Yourself (0670-9), Becoming a More Effective Person (0668-7), Your Family (0673-3), Communicating With Others (0669-5), Working With Others (0667-9), Being An Informed Citizen (0665-2), Where to Go, Who to See, What to Do (0674-1).

Pertains to Competencies in the Daily Living and Personal-Social domains.

Cost

$1.98 each

Publisher

Steck-Vaughn Company, Publishers, 807 Brazos, P.O. Box 2028, Austin, TX 78768

Additional Information

Toll-free number: (800) 531-5015.

Title Be Informed Series

Subject HG Daily Liv

Author

Date

Description

20 study units available individually or as two sets (units 1-10 & 11-20) which can be purchased unbound or bound in 3-ring binders

Annotation The Be Informed series helps adults and teenagers get the knowledge they need on credit, housing, health, community resources, and other topics of vital interest. There are 20 easy-to-read independent study units in the series. Each unit is a self-contained curriculum module, providing up to 10 hrs of class work. Units include Be Informed on:

1. Personal Credit
2. Buying a Car
3. Owning a Car
4. Buying a House
5. Personal Insurance
6. Renting a Place to Live
7. Finding a Job
8. News Media
9. Taxes
10. Banking
11. Mental Retardation
12. Marriage
13. Using Measurements
14. Wise Buying
15. Using the Library
16. Money
17. Drugs
18. Nutrition
19. Population
20. Pollution

Pertains to Competencies in the Daily Living domain

Cost

$1.00 per unit
unbound set $10.00
bound set $15.00

Publisher

New Readers Press, Division of Laubach
Literacy International, Box 131, Syracuse,
NY 13210

Additional information

Item The Street Survival Skills Questionnaire

Category HG Daily Liv

Description

The Street Survival Skills Questionnaire is an extensive evaluation instrument published by McCarron-Dial. Designed primarily for developmentally disabled individuals, it provides objective measure of specific aspects of adaptive behavior, as well as a baseline behavioral measure to gauge the effects of training on individual clients. Also, the evaluation data can provide a curriculum blueprint and can be used for predictive and descriptive research. Subtests include Basic Concepts, Functional Signs, Tools, Domestic Management, Health, First Aid and Safety, Public Services, Time, Money, and Management. The nine sub-tests must be administered individually. The authors of this well-constructed instrument provide norms and reliability and validity information.

Pertains to competencies in the Daily Living domain.

Address

McCarron Dial Systems, P.O. Box 45628,
Dallas, Texas 75245

Phone (214) 247-5945

Additional Information

Cost: $125.00

Authors: Linkenhoker, Dan
McCarron, Lawrence

Title The Disabled and Related Need Areas

Subject HG Daily Liv

Author

Date 1979

Description

Annotation

This contains approximately 700 references, some annotated. The bibliography is broken down into need areas: barrier free design, housing, employment, recreation, counselor training and education.

Cost

Publisher

Center for Research and Advanced Study,
246 Deering Avenue, Portland, MA 04102

Additional information

Telephone: (207) 780-4414

Jointly sponsored by the Maine Bureau of Rehabilitation and Human Services Development Institute

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Title Modern Consumer Education Instructional Systems

Subject HG Daily Liv

Author

Date

Description

Annotation

This is a concise, self-instructional consumer education program dealing with everyday consumer problems and situations.

Pertains to competencies in the Daily Living domain.

Cost

Publisher

Modern Consumer Education, Instructional Systems Division, Grolier Educational Corporation, Sherman Turnpike, Danbury, Conn. 06816

Additional information

Title Accent on Living Buyer's Guide

Subject HG Daily Liv

Author

Date 1980-81

Description

96 page
5" X 7" paperback

Annotation

This source of information on products for disabled persons lists the manufacturers of products and devices which facilitate aspects of daily living. Areas include aids for mobility, dressing, eating, toileting, grooming, communication, reading and writing. Other areas include information on recreation, sports, sexuality, travel, and personal adjustment.

Pertains to competencies in the Daily Living domain.

Cost

$10.00, Free to Accent subscribers

Publisher

Cheever Publisher, Inc., P.O. Box 700,
Bloomington, IL 61701
Phone: (309) 378-2961

Additional Information

Item Tests for Everyday Living

Category HG Daily Living

Description

The Tests for Everyday Living (TEL), published in 1979 by McGraw-Hill, measures knowledge of life skills necessary to successfully perform everyday life tasks. Examples include skills related to shopping, using bank accounts, managing one's personal finances, obtaining and keeping a job, and maintaining one's health. The seven tests of TEL reflect the curriculum and programs at both regular and special education in school programs across the country. The seven tests are: Job Search Skills; Job Related Behavior; Health Care; Home Management; Purchasing Habits; Banking; Budget. TEL Specimen Set costs $5.50.

Cross Reference:

Pertains to competencies in the Daily Living and Occupational Guidance and Preparation domains.

Address

Phone

Additional Information

Six Models for Independent Living Programs*

Center for Independent Living, Inc.

2539 Telegraph Avenue
Berkeley, CA 94704

Contact: Lynn Kidder

The Center for Independent Living was probably the first disabled consumer-operated service organization established in the United States. From the beginning it was geared toward making support services in the community available to disabled individuals. CIL is not a residential program, but a multi-faceted program of referral services, support services, and research and advocacy projects directed toward removing architectural and attitudinal barriers existing in the community. The goal of the organization is total integration of people with severe disabilities into community life by minimizing those aspects of a person's disability that become handicaps. To do this CIL provides various kinds of counseling programs, independent living skills training programs, and vocational rehabilitation services. Whenever possible, existing community services are used, so CIL also refers many people to agencies and organizations that provide such independent living services as vocational counseling, vocational rehabilitation and training, and financial support.

The central philosophy of CIL is that disabled people can be actively contributing members of society and that they themselves should be the ones who control their lives. To achieve the goals of an independent lifestyle with self-determination, CIL has worked to involve disabled people in all aspects of the program. CIL was founded and is operated by disabled individuals, the counseling and instruction of participants is conducted by disabled staff members, and through political and legal advocacy the Center is working to remove architectural and legislative barriers to the complete and active participation of disabled people in society.

Creative Living

445 West 8th Avenue
Columbus, OH 43201

Contact: Charles M. Frank

Creative Living was established in 1968 to assist young physically disabled individuals who wanted to pursue educational or vocational training. The Creative Living facilities are an apartment building specifically designed to be wheelchair accessible and to allow as independent a lifestyle as possible. The building is located next to the Ohio State University, where many of the program participants are students. Transportation to other parts of the city is available for those who are participating in vocational training programs or just beginning to work.

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*Reprinted from materials prepared by the Independent Living Research Utilization Project, The Institute for Rehabilitation and Research, Houston, Texas.

The program itself provides only the residential facilities and necessary physical assistance needed by an individual during his educational training program. The dominant focus of the program is self-help, and all the participants are motivated toward developing a self-sustaining lifestyle. The individual participant is expected to arrange and pursue his own training program. Once this training is complete, the participants are encouraged to locate and establish their own living arrangements in the community.

Worcester Area Transitional Housing, Inc. (WATH)

507 Main Street
Worcester, MA 01608

Contact: Charles Croteau

Worcester Area Transitional Housing program was established in 1976 with the aid of the Handicapped Housing Division of the Massachusetts Department of Community Affairs to create a transitional housing program for disabled young adults. The initial intent of the program was to provide a setting for those who wanted to live independently but lacked the training and experience to do so.

WATH is a multi-service, self-help transitional program that accepts individuals who have educational or vocational goals and who are motivated to actively pursue these goals. WATH is housed on one floor of a downtown apartment building and provides 20 dormitory style rooms for its participants. Medicine and therapy are arranged outside the program, as are many of the training programs attended by the participants.

The staff of WATH have developed and conduct training modules designed to provide the participant with the skills and experience needed to live independently. A number of the residents are also enrolled in either the local college or local vocational training courses.

The WATH program is transitional in that once the participant has obtained the needed independent living skills and has attained his educational or vocational goals, he is encouraged to move out into the community. WATH maintains an apartment registry and an attendant registry and works actively in the community to ensure that physically disabled individuals can become functioning, contributing members of the community.

Independent Living Glossary

The following are excerpts from a glossary prepared by the Independent Living Research Utilization Project.* The glossary presents definitions of terms relating to independent living and types of independent living programs. The list is not exhaustive especially since new terms are being created to describe new circumstances. However, there is a need to standardize meanings of key terms so that service providers, consumers and others have a common frame of reference.

Independent living: Control over one's life based on the choice of acceptable options that minimize reliance on others in making decisions and in performing everyday activities. This includes managing one's affairs, participating in day-to-day life in the community, fulfilling a range of social roles, and making decisions that lead to self-determination and the minimization of physical or psychological dependence upon others.

Independent living movement: The process of translating into reality the theory that, given appropriate supportive services, accessible environments, and pertinent information and skills, severely disabled individuals may actively participate in all aspects of society.

Independent living program: A community-based program which has substantial consumer involvement, provides directly or coordinates indirectly through referral those services necessary to assist severely disabled individuals to increase self-determination and to minimize unnecessary dependence on others.

Services that an independent living program must provide or coordinate through referral are housing; attendant care, readers and/or interpreters; and information about goods and services relevant to independent living. Other services that are either provided or coordinated by independent living programs include transportation provision or registry, peer counseling, advocacy or political action, independent living skills training, equipment maintenance and repair, and social-recreational services. Note: Custodial care facilities and primary medical care facilities are specifically excluded from the definition of an independent living program.

Independent living programs differ from one another in at least six primary areas: the service setting may range from residential to non-residential; the service delivery method may range from direct to indirect, or a combination of both; the helping style may range from non-handicapped to consumer; the vocational emphasis may range from primary to incidental; the goal orientation may range from transitional to on-going; and the disability-type served may range from single to many.

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*Independent Living Research Utilization Project, The Institute for Rehabilitation and Research, 1333 Moursund, Houston, TX 77030.

Conceptually, independent living program is generic—the most broadly defined term relating to organizations working with disabled individuals who wish to live independently. Several different kinds of independent living programs with specified purposes are described below.

Independent living center: A community-based, non-profit, non-residential program which is controlled by the disabled consumers it serves, provides directly or coordinates indirectly through referral those services which assist severely disabled individuals to increase personal self-determination and to minimize unnecessary dependence upon others. The minimum set of services that are provided by an independent living center are housing assistance; attendant care; readers, and/or interpreters; peer counseling; financial and legal advocacy; and community awareness and barrier removal programs.

Independent living residential program: A live-in independent living program that provides directly or coordinates through referral shared attendant services and transportation. Related services which increase personal self-determination and minimize unnecessary dependence on others may be provided.

Independent living transitional program: An independent living program that facilitates the movement of severely disabled people from comparatively dependent living situations to comparatively independent living situations. The primary service provided by these programs is skill training in such areas as attendant management, financial management, consumer affairs, mobility, educational-vocational opportunities, medical needs, living arrangements, social skills, time management, functional skills, sexuality, and so forth. Additional services may be provided. Transitional programs are usually goal-oriented and/or time-linked.

Independent living services provider: An organization which provides several discrete services which can be used to increase an individual's ability or opportunities to live independently. For example, a medical rehabilitation facility may provide outpatient services which are designed to maintain the physical health of a person who lives independently in the community. However, if the center does not provide or coordinate a full set of services including transportation, attendant care and so forth, it would be an independent living service provider rather than an independent living program. While an independent living service provider does not meet the criteria necessary to be classified as an independent living program, the services it provides may be used or coordinated by an independent living program.

New Options Transitional Living Project

105 Drew Street
Houston, TX 77006

Contact: Jean Cole, Ph.D.

New Options is transitional living program designed to foster independence among severely physically disabled individuals, enabling them to become a part of their community. Begun in 1976, the program consists of a six-week cycle of instructional modules that emphasize the skills needed to live and work with a minimum of assistance. New Options is a residential program that is planned and structured to provide information and first-hand experiences which enable participants to acquire necessary independent living skills in a short period of time. Being a dormitory-style setting with a non-professional attendant staff, living at New Options for six weeks is a new experience for many of the participants who have known only family or professional nursing staff.

The goals of the program include the establishment of an independent living skills situation which includes work with personal care assistants, involvement in educational and vocational opportunities, active participation in the community, and the enhancement of personal, physical, and functional skills. New Options also has an extensive independent living research program which is used to trace the influence of its program on ex-participants. This way modules can be created or modified to better train disabled individuals to participate actively in the community as contributing citizens.

Boston Center for Independent Living

50 New Edgerly Road
Boston, MA 02115

Contact: Robert Williams

BCIL was established in 1974 as a consumer-run self-help community where severely disabled individuals could develop independent living skills. Since then BCIL has developed into a non-profit corporation that coordinates three different phases of independent living that have evolved in the Boston area.

Since its inception BCIL has made transitional living facilities available to interested severely disabled individuals. The transitional program includes independent living skills training that enables the individual to participate in the community at large. For participants with more developed independent living skills and who desire a more personal lifestyle, BCIL has located an apartment building that makes cluster housing available in modified apartments with a pool of personal care assistants. BCIL has also been working to make available facilities and funding for individuals who wish to share an accessible apartment with a personal care assistant and live independently.

The goal of the program is to be a base of operations from which disabled individuals could bridge the gap between total dependence on an institution and living independently.

Governor's Council on the Handicapped
State of Colorado
State Services Building, 5th Floor
Denver, CO 80203

Contact: Janet Anderson

There are three programs working with the Colorado Governor's Council on Handicapped to offer independent living opportunities in the Denver-Boulder Colorado area. While the goals of these three programs are the same--helping disabled individuals establish independent lifestyles--the manner in which they operate is different.

Atlantis Community, Inc. is a private, non-profit program that seeks to provide needed services to severely disabled people while respecting the individual's freedom and privacy. Atlantis began by leasing apartments from the Denver Housing Authority. Now, the program is broad enough to be able to help disabled individuals leave nursing homes and work toward an independent lifestyle. Their approach is to make available transitional living facilities with needed supportive services. With further development, the individual's apartment can be relocated in the community. Complete independence is achieved when the services of Atlantis are used only infrequently.

The Genesis House is a nursing home that a number of severely disabled people with ongoing medical support needs took over and incorporated. Thus, Genesis House is a cluster living arrangement that is owned, controlled, and operated by the residents themselves.

The Governor's Council on the Handicapped has obtained a grant from VISTA-ACTION to establish independent living service support units throughout the state. Starting in the Denver area, the goal of the program is to gather the available resources within each community and coordinate and supplement them until they can operate on their own.

These three independent living programs are quite different. However, they all have the common goal of independence for the severely disabled individual.

Title Follet Coping Skills Series

Subject HG Daily Liv

Author McVey & Associates, Inc.

Date 1977

Description

each volume is a 64 page softbound manual.

Annotation

The series contains 6 volumes:

- Finding Work
- Getting Medical Assistance
- Budgeting
- Using Community Resources
- Job Interviews
- Using Transportation

Each volume contains a series of lessons related to the subject area. Lessons include introductory information, vocabulary list, exercises and/or questions and answers about the topic. Materials would be appropriate for use by an individual or as curriculum for use in small-group or one-to-one instruction; junior high reading level.

Pertains to competencies in the Daily Living and Vocational-Occupational domains.

Cost

$1.80 each

Publisher

Follet Publishing Company, 1010 W. Washington Blvd., Chicago, Illinois 60607

Additional Information

A Teacher's Guide is available for $1.20.

Title Independent Living: Six Model Programs

Subject HG Daily Liv AV

Author Cole, J. et al.

Date 1978

Description

3/4" videocassette
color
60 minutes

Annotation

This describes six innovative programs which are designed to facilitate independent living by severely disabled individuals. Although each of these programs is substantially different from the others, they all benefit severely disabled individuals by providing the support required for them to live independently—to participate actively in society, and to make decisions which affect their own lives. Each of these presentations was produced by the people who operate these programs and who are served by them.

Cost

$75.00

Publisher

The Independent Living Research Utilization Project, The Institute for Rehabilitation and Research, 1333 Moursond, Houston, TX 77030

Additional Information

Funding for the ILRU Project was provided by the Rehabilitation Services Administration, DHEW, Grant. No. RSA-RD-22-P-59106/6-01.

Title The Person With Epilepsy... Life Style, Needs, Expectations

Subject Ep Daily Liv

Author Perlman, L.G., edited by Pietsch, S.C.

Date 1977

Description

55 page softbound booklet 8½" X 11"

Annotation

This presents results of a needs assessment survey of the clients of the National Epilepsy League. It covers the following topics: medical factors, vocational needs, driver's licenses and insurance, social services, public education and attitudinal barriers.

Pertains to competencies in the Daily Living and Occupational Guidance and Preparation domains.

Cost

Publisher

National Epilepsy League, 6 North
Michigan Avenue, Chicago, IL

Additional Information

Item Hearing Dog Program

Category HI Daily Liv

Description

Dogs are being trained and placed in homes to alert their hearing impaired masters to sound signals which can indicate danger, emergencies, or the needs of others.

Address

Hearing Dog Program, American Humane
Association, 5351 Roslyn Street,
Englewood, CO 80110

Phone

Additional Information

Title All About Me

Subject HI Daily Liv

Author

Date 1978

Description

Cross Reference:
HI Pers-Soc

Annotation

All About Me was written for deaf girls between ages 13 and 18. This simply written book is intended to help them understand themselves and others, and to build self-confidence. It is well illustrated with line drawings and humorous stylized figures. Topics include elementary principles of hygiene and grooming, problems of adolescence, getting along with people, and the problems of alcohol, drugs, and venereal disease. New words are pronounced and defined in each lesson and repeated in a glossary at the end. It is also suitable for slow learners who are not deaf.

Pertains to competencies in the Daily living and Personal-Social domains.

Cost

Between $1. and $5.

Publisher

New Jersey Vocational-Technical Curriculum
Laboratory, Rutgers University, 4103 Kilmer
Campus, New Brunswick, NJ 08903

Additional Information

Phone: (201) 932-3845

Title Retarded Adults in the Community: How Successful Are They?

Subject MR Daily Liv

Author

Date

Description

Annotation

Information in this article demonstrates the need for training in independent living as well as vocational skills.

Cost

Publisher

Education Unlimited, April, 1979
pp. 53-54.

Additional Information

Title A Place of Our Own: Tips for Mentally Retarded People Living in the Community

Subject MR Daily Liv

Author

Date

Description

10 page booklet

Annotation

This well-illustrated booklet is written for mentally retarded persons to familiarize them with the range of activities and responsibilities associated with living in a group home or community residence. This is an excellent resource to introduce mentally retarded persons to community living.

Pertains to competencies in the Daily Living domain.

Cost

free

Publisher

Additional Information Available from:

The President's Committee on Employment
of the Handicapped, Washington, D.C.
20210

Title Inventory of Habilitation Programs for Mentally Handicapped Adults

Subject MR Daily Liv

Author

Date

Description

Cross Reference:
MR Pers-Soc

Annotation

This curriculum guide and assessment instrument is for teaching the moderately and severely handicapped of all ages in the areas of Social Behavior, Practical Living, Socialization (recreation and leisure), and Job Skills.

Pertains to competencies in the Daily Living and Personal-Social domains.

Cost

Publisher

Portland Habilitation Center, Inc.
3829 S.E. 74th Street
Portland, Oregon 97206

Additional Information

Title Basic Life Functions Instructional Program Model

Subject MR Daily Liv

Author

Date 1975

Description

Cross Reference:
MR Pers-Soc

Annotation

This program for mentally retarded persons presents goals, description of skills, instructional activity, and needed equipment relevant to independent living and social skills.

Pertains to competencies in the Daily Living and Personal-Social domains.

Cost

Publisher

Additional Information Available from:

DPI Publications, Room 114, 126 Langdon Street, Madison, WI 53702

ATTENDANT CARE

Finding a Good Attendant

by Don Berry
Berkeley Center for Independent Living

An attendant is a person who helps you do things you are physically unable to do yourself. Often these attendants are hard to find. If you live in an area where there is no organization that provides attendant referrals, then the following sources should be utilized in your search:

1) College bulletin boards and placement office.
2) Friends who use attendants.
3) Local newspapers, including college papers.
4) Employment offices.
5) Public Health Department.
6) Hospital bulletin boards.

After ads have been placed, people will call for information. Explain your general situation and arrange to meet the person. Do not hire a person sight unseen. The purpose of the interview is to inform the person exactly what the job involves. This includes wages, hours to work, problems that may arise and responsibilities at the job.

If you require an attendant for different times throughout the day, it is helpful to employ more than one person. This eliminates the problem of one person working seven days a week. It is also helpful in an emergency when one person is unable to work.

Some helpful hints in finding and keeping good attendants

1) Attendants should be paid for the entire time spent on the job. They should also be paid for time spent waiting for the employer.
2) The very minimum of $2/hr. should be paid for every hour worked.*
3) Attendants should be paid $3/hr. for all work after midnight, plus transportation costs, in compensation for the late hour and risk involved in travel.*
4) Pay on time.
5) Hire only people you feel are qualified to do the job.
6) Don't hire a person if you foresee personality or employment conflicts.
7) Often people looking for attendant work have no experience. Don't be afraid to explain to the person how you need the job done. You know your needs better than anyone else.

*Ed. note: These wages appear to be low for present day rates.

Finally, try to pool your attendant information with other disabled people you know. The more contacts you have the better the chances of finding qualified attendants.

Interviewing and Selecting P.C.A.'s

By David Young

1. What should happen over the telephone-in order of occurrence.

A. Say hello in a friendly manner-first impressions are important.

B. Where do they live and what is their means of transportation? Even the most dedicated of P.C.A's will soon grow tired of three bus transfers and a half mile walk just to work two or three hours.

C. What kind of hours and pay are they interested in? Many people are looking for more hours than you need or higher pay than you can afford. This information, and B. above, can often "weed out" many callers right from the start and save you from wasting your time engaging in fruitless conversations.

D. After the initial screening (B. & C. above), it is good practice to give them a brief rundown on who you are, where you live and what Mass Transit you're near, what your "typical" daily routine is, what the pay is, and what times you need someone. This should be concise and to the point. It should be made clear what the nature of the work is at this point.

E. If the person remains interested after D., then you can begin to elaborate upon the topics covered in D., or ask them if they've had any experience in this kind of work, or, in other words strike up an informal but productive conversation. Find out if their schedule coincides with yours and how flexible they can be. Ask them if they go to school and, if so, what their major is; "Have you ever been to Trenton and wasn't it a terrible place?" This puts them at ease and might even make them like you.

F. Set up an interview. Interviews are not essential and it is sometimes appropriate to start someone working before actually meeting them. This is usually underirable, however, as a person can seem dependable over the phone and then not show up to work. On the other hand, a person that shows up for an interview shows that they are interested and at least reliable enough to make it to the interview. Anyone making it as far as E. above should have an interview arranged.

II. The Formal Interview

A. One of the main purposes of setting up a formal interview is simply to see if the person shows up. If they don't, call them up and see why not-do give them a second chance. However, from my personal experience, I have yet to see someone show up at their "second chance".

B. These are the finalists, the people that aren't eliminated over the phone and do show up for the interview. These are the people with whom you should sit down and discuss in detail the routine, the exact hours and pay, and what expectations you have of each other. The topic of commitment should be approached here, letting your prospective P.C.A. know how important he/she can be (be careful, though, so as not to let it get to their head). Once again check on how they will get to work, as occasionally a genuinely interested and caring person will agree to accept the job and its conditions, but in a few weeks decide that the two hour bus ride/transfer is prohibitive.

C. The most important thing to do during an interview is to evaluate the person. Will the two of you be compatible? Remember the job is one-on-one. Does this person seem reliable and competent? Do they have a good attitude? You might want to test them on these things by asking them to empty your leg bag or put air in your tires or some such trivial act. Also, show them around their working environment and BEWARE-watch their eyes when you show them your $1200 stereo system.

D. Make decisions on the spot if possible-people feel better leaving an interview knowing where they stand. A good idea is to hire more than you need. Have two people split up the weekday mornings rather than one person working all the hours. This leaves you with a failsafe and a choice. If you can decide on the spot, then set up schedules and a time for the person to start working also on the spot. This tends to yield better results than getting back to someone on the phone.

III. Live-In P.C.A.'s

A. The same procedure as above should be followed, with the obvious exclusion of such things as "Where do you live?" and, "How will you get to work?," and the obvious inclusion of such matters as weeding out the details of the living arrangements. Here, the initial weeding out can be done by factors such as where your apartment is located and what the nature (on a superficial level) of the job/living arrangement is. This should be done in a more careful manner as you will be living with this person, and personality differences will (and should) play a much larger role in your decision.

Reprinted from National Resource Directory, 1979, published by the National Spinal Cord Injury Foundation.

Environmental Control Units

Environmental Control Units electronically assist people who cannot use their hands in controlling their environment. They are generally remote control devices which assist in turning on lights; using typewriters, telephones, and televisions; operating bed controls; opening doors; and any other closed circuit systems in a work or home environment. The power sources are generated by mouth, shoulder or eye control monitors. The following kinds of equipment are available:

Auto-Com:
Trace Centre
922 ERB
1500 Johnson Drive
Madison, WI 53706

Comfort and Communication Control Systems:
Fidelity Electronics, Ltd.
5245 West Diversey Avenue
Chicago, IL 60639
Approximate cost: $800

Down East Electronics Manufacturing Co.
44 Bucknam Road
Falmouth, ME 04105

English Model Environmental Systems:
Possum Controls, Ltd.
63 Manderville Road
Aylesburg, Bucks ENGLAND
Approximate cost: $2,000

Environmental Control Unit:
Prentke-Romick Company
R.D. 2, Box 191
Shreve, OH 44676

Genie:
Western Technical Products
923 23rd Street East
Seattle, WA 98112

Modular Communication Device:
Silas D. White, Ph.D.
Dept. of Psychology
Muhlenburg College
Allentown, PA 18104

Nu-Life Environmental System:
Scientific Instruments International
506B Oakwood Avenue
Huntsville, AL 35811
Approximate cost: $3,000

Touch Operated Selector Controls:
Department of National Health and Welfare
Sunnybrook Hospital
Toronto, Ontario CANADA

Veterans Administration Prosthetic Center System:
R & D Engineering
P.O. Box 3584
Los Amigos
Station Downey, CA 90242

Voice Command Environmental Control Unit:
Scope Electronics, Inc.
1860 Michael Faraday Drive
Reston, VA 22090

Reprinted from National Resource Directory, 1979, published by the National Spinal Cord Injury Foundation.

Item MED Sales and Service Facilities

Category OH Daily Liv

Description

This facility sells and rents adaptive equipment and aids, primarily for the orthopedically handicapped child and adult. Adapted wheelchairs, classroom furniture, and home management and daily living aids can be purchased through a qualified distributor in the field of rehabilitation equipment. The professional equipment consultant is available to consult with physicians, therapists, rehabilitation facilities, and persons with disabilities.

Pertains to competencies in the Daily Living domain.

Address

MED Sales and Service Facilities
Baker Brothers Sales and Rentals
2039 N. Capitol Avenue
Indianapolis, IN 46202

Phone

Additional Information

Phone (317) 924-6244

Item Impact

Category OH Daily Liv

Description

This quarterly newsletter covers topics related to independent living centers.

Address

Department of Human Development and
the Family, University of Nebraska -
Lincoln, Lincoln, Nebraska 68583

Phone

Additional Information

Title Aids To Make You Able

Subject OH Daily Liv

Author

Date

Description

Annotation

This self-help manual groups the aids into eight general categories: communication, eating/drinking, dressing, bathroom, household, transportation, leisure and smoking.

Cost

$5.00

Publisher

Additional Information

Multiple Sclerosis Society of Canada,
(Prarie Division), 641 Tegler Building,
10189 - 101 Street
Edmonton, Alberta T5J 0T8

Title "Ability - Not Disability - A Rehabilitation Project for Homemakers"

Subject OH Daily Liv
AV

Author

Date

Description

Cross Reference:
OH Attitudes

Annotation

This set of twelve films/videotapes centers around physical disabilities, activities of daily living, and how acceptance affects the individual. Publications are available for each program under the Extension Folder Series 316.

Cost

Publisher

Minnesota Agriculture Extension Services,
University of Minnesota, St. Paul, MN
55108

Additional Information

Title Continuation of Life

Subject OH Daily Liv AV

Author

Date

Description

16 mm, color
45 minutes

Annotation

This film shows how the quadriplegic or paraplegic person takes control of his or her own life. Subjects covered include psychological adjustment to the injury, sexuality, available community and professional resources, and a review of medical complications that can be avoided. Several successful spinal cord injured people discuss their feelings, problems, goals, and accomplishments. (source: *Disability Attitudes: A Film Index*)

Cost

Rental: $45.00
Purchase: $495.00

Publisher

Sister Kenny Institute, Research and Education Department, Publications/Audiovisuals, Office No. 281, Chicago Avenue at 27th Street, Minneapolis, MN 55407

Additional Information

Order No. 519
Phone: (612) 874-4175

Making the Home Accessible:
Audio-Visual and Printed Resources

IDEAS FOR MAKING YOUR HOME ACCESSIBLE, 1979. Available from: Accent Special Publications, P.O. Box 700, Bloomington, IL 61701. Cost: $6.95. This resource discusses cost and location factors and offers tips for every area of the home. Accessible mobile homes are also discussed. Completely illustrated with photos and drawings, the book lists suggested measurements, adaptations and a variety of special devices including information about their availability.

A LOOK AT HOMES FOR LIVING. Available from: Colorado State University, College of Home Economics, Fort Collins, CO 80521. This resource provides a look at architectural features and adaptive home furnishings.

A HOME DESIGNED FOR ACTIVE LIVES IN WHEELCHAIRS. Available from: Colorado State University, College of Home Economics, Fort Collins, CO 80521. This is a film about homes designed and built by a couple, both of whom have had polio. The couple has a small child.

HOUSING. Available from: Netherlands Information Service, Anna Paulownastraat 76, 2518 BJ's - Gravenhage, The Netherlands. 16 mm film, 30 minutes, rent $25.00, purchase $425.00. This film shows how a wheelchair user can easily achieve domestic independence with a minimum of expense and modification. Many of these modifications would be welcome in households without handicapped occupants. The film highlights an elevated playpen for the baby of a handicapped mother, a sewing machine that can be operated easily from a wheelchair, and a hand-powered wheelchair bicycle. (source: Disability Attitudes: A Film Index)

HOW TO BUILD SPECIAL FURNITURE AND EQUIPMENT FOR HANDICAPPED CHILDREN. Hofman, R. B., 1974. Available from: Charles C Thomas, 301-227 East Lawrence Street, Springfield, IL 62703. This resource presents how-to information concerning design and building of furniture and equipment for use by handicapped children.

Title Techniques of Daily Living: A Curriculum Guide

Subject VI Daily Liv

Author

Date

Description

Annotation

This guide focuses on individualized training programs in daily living objectives. The learning experiences emphasize using the total community environment.

Pertains to competencies in the Daily Living domain.

Cost

Publisher

Additional Information Available from:

Greater Pittsburgh Guild for the Blind
311 Station Street, Bridgeville, PA
15017

Title If Blindness Occurs....

Subject VI Daily Liv

Author

Date

Description

16 pages, booklet

Annotation

This booklet is intended for guidance of physicians, nurses and other hospital personnel, families and others concerned with the care of newly blinded persons. Emphasis is placed on recommendations for working with blind adults who are otherwise physically competent. Topics include meeting the challenge of blindness, orientation, walking, personal appearance, eating habits, money, communications, recreation, employment, family, aids, other suggestions.

Pertains to competencies in Personal-Social and Daily Living domains.

Cost

free

Publisher

The Seeing Eye, Inc., Office of Public Information, One Rockefeller Plaza, Suite 1912, New York, NY 10020

Additional Information Available from:

Guild for the Blind, 180 N. Michigan
Avenue, Suite 1720, Chicago, Illinois
60601

Item Driver Education for Blind People

Category VI Daily Liv

Description

In Cook County, Illinois, blind students have been successfully mainstreamed into the driver education program. Although students would not be drivers on the streets, it was felt that students could benefit. During individual instruction periods students experienced the feel of driving and they learned the importance of car care. Participants gained confidence about their ability to stop a car if they were alone in the vehicle. (source: Disabled U.S.A., Vol. 2, No. 8, 1979)

Address

For more information contact:
Faye Greenspan, Communications Specialist,
Educational Service Region of Cook County,
33 West Grand Avenue, Chicago, IL 60610

Phone

Additional Information

Title A Step-By-Step Guide To Personal Management For Blind Persons

Subject VI Daily Liv

Author

Date 1974

Description

120 pages, spiral bound manual

Annotation

This guide provides detailed information about equipment, techniques and "how to" hints for teaching blind individuals the full range of daily living skills. Skill areas include hygiene, cosmetics, clothing, house care, kitchen skills, child care, and social graces (etiquette, posture, gestures, eating skills, use of currency, dialing a telephone, etc.)

Pertains to competencies in the Daily Living and Personal-Social domains.

Cost

Publisher

American Foundation for the Blind, Inc.,
15 W. 16th Street, New York, NY 10011

Additional Information

20-

CHAPTER 9

Civic Affairs

The term civic affairs refers to the knowledge and behaviors that are an integral part of functioning as a responsible and contributing member of the community. These areas include knowledge of basic laws and penalties for breaking the law; awareness of citizenship rights and responsibilities; knowledge of voting rights and procedures and exercising the right to vote; knowledge of appropriate behavior, rights and responsibilities when stopped by a police officer; and awareness of environmental and conservation issues.

Too often in the past, individuals with disabilities have not become involved in civic activities. Bowe (1978) states that many disabled people have been politically inactive in the past. Because of institutionalization and segregation, poor educational services, poverty, and transportation/communication barriers, many disabled people have not been in a position to pursue successful advocacy campaigns. As some of these barriers to involvement lessen, disabled individuals need information and skills to increase their effectiveness in community and civic involvement.

Knowledge of the rights and responsibilities of citizenship and the avenues for change are essential steps in civic involvement. In the Resource Guide, specific information about legal rights and advocacy for disabled people are presented in the sections entitled "Advocacy" and "Legislation." Other aspects of civic affairs are contained in this section.

References

Bowe, F.G. Handicapping America: Barriers to disabled people. New York: Harper & Row, 1978.

Brolin, D. E., and Kokaska, C.J. Career education for handicapped children and youth. Columbus, OH: Charles E. Merrill, 1979.

Item
Radio Information Service

Category VI
Civic Affairs

Description

A relatively new service for the print handicapped. Currently, only available to regional radio information broadcast stations, the programs provide services such as a descriptive live audio broadcast of the Rose Parade, and updated reviews of national legislation for the disabled. Future plans include local stations preparation of programs for national dissemination.

Cross Reference: HG Civic Affairs

Address

Radio Special Projects, Manager
Corporation for Public Broadcasting,
888 16th Street, N.W., Washington, D.C.
20006

Phone

Additional Information

Title Rights and Duties of Citizens, and Foundations of Citizenship

Subject MR Civic Affairs

Author

Date

Description
booklets

Annotation

The booklets emphasize information about one's rights if arrested, vocational rehabilitation and its implications, and numerous government agencies and services.

Cost
$1.95

Publisher

Educational Activities, Inc., P.O. Box
392, Freeport, NY 11520

Additional Information

CHAPTER 10

Family Living

Success in raising a family begins with the individual's experiences in being a family member. The best method for helping students would be to focus their attention on successful childrearing practices in their families. However, this may not be possible for the adult disabled individual who is no longer living at home. Hence, it may be necessary to focus observation on other's experiences, such as families, or neighbors, in order to avoid needless trials and errors in situations where room for experimentation is limited. A second important consideration is that teachers in adult programs provide students with ample opportunity to develop questions about family and children and provide them with enough sources of information so that they obtain in-depth answers.

Responsibilities involved in marriage should focus in on the personal adjustments that each partner must make during marriage. Individuals can observe the "give and take" in decision-making processes that occur or occurred in their families. Given this prior familiarity with mutual concern and respect, one may then probe the decisions in marriage that require careful decision-making. Shared responsibilities in the home, earning a living, managing the household, visiting with relatives, and family planning are just a few issues for discussion.

Children have various needs at successive developmental stages. Infant care and feeding, innoculation for diseases, appropriate diet, clothing, exercise, and protection are important considerations throughout the stages of development. Individuals can associate their own life experiences with each topic area to arrive at appropriate practices in working with their future children.

Child rearing procedures also involve psychological aspects. In preparing the disabled person to meet the psychological responsibilities of marriage and childrearing, the teacher must develop the student's awareness of some basic emotional needs within self. Discussions of love, support, and acceptance probe the very structure of the student's sense of self and identify the conceptions and attitudes that are a basis for behavior. These encounters may include the student's identification of his/her needs as a child or at various stages of development, reflections on the behaviors that meet these needs, and the parent's role in providing for this aspect of the child. Other objectives include: (a) identifying potential family problems; and, (b) identifying community agencies that provide assistance with family problems.

Finally, another area that the disabled person should be aware of and achieved in, is how to protect the family against potential danger

This includes the identification of emergency situations that can occur in the home (fire, damage by storm) or with members of the family (injury, accident). Moreover, the individual should be able to identify the appropriate safety procedures per hazardous situation.

Reference

Brolin, D. E. and Kokaska, C. J. Career Education for Handicapped Children and Youth. Columbus, Ohio: Charles E. Merrill Publishing Company, 1979.

Title The Having a Baby Series

Subject HG Family Liv

Author

Date

Description

booklets

Annotation

Each booklet of this series covers a different aspect of having a baby. Titles include CONCEPTION AND PREGNANCY, 20 pp., 60¢, PRENATAL CARE, 24 pp., 60¢, GIVING BIRTH, 28 pp., 60¢, THE FIRST SIX WEEKS, 40 pp., 75¢, THE BABY AND THE FAMILY, 24 pp., 60¢, UNWED MOTHER, 24 pp., 60¢.

The book Having a Baby contains information from the series in a book form. Reading level is 5.1, 168 pp., soft cover, $2.75.

Pertains to Competency 4, Raising Children, Enriching Family Living

Cost

Publisher

New Readers Press, Division of Laubach
Literacy International, Box 131, Syracuse,
NY 13210

Additional Information

Title Child Care

Subject HI Family Liv

Author

Date 1978

Description

Annotation

This manual, illustrated with pen and ink drawings, is written for deaf persons. It covers the following topics: conception and prenatal development, birth, care of the newborn, physical and mental development, toilet training, general health and first aid, and general child management and training. Each lesson contains a vocabulary list with simple definitions.

Pertains to competencies in the Daily Living domain.

Cost

Less than $5.00

Publisher

New Jersey Vocational Technical Curriculum
Laboratory, Rutgers University, 4103
Kilmer Campus, New Brunswick, NJ 08903

Additional Information

Phone: (201) 932-3845

Title Neil and Betsy

Subject CP Family Liv AV

Author

Date

Description

3/4" videotape
videocassette
26½ minutes

Annotation

This unusual videotape presents the story of Neil Jacobson, a bright young man who has cerebral palsy, his family, and his relationship and marriage to Betsy, who is non-disabled. (source: Disability Attitudes: A Film Index)

Cost

Publisher

Additional Information Available from:

University of California at Davis, 208
Olson, U.C. Davis, Davis, CA 95616

Item Child care by orthopedically handicapped Mothers, three films

Category OH Family Liv AV

Description

"The Best Things In Life" is the story of five orthopedically handicapped mothers who develop cooperative behavior in their children through sharing play activities.

"Child Care Problems of Physically Handicapped Mothers" orients professional and lay audiences to the problems which orthopedically handicapped mothers face in caring for young children.

"Where There's A Will" portrays ways in which four handicapped mothers have made remarkable adjustments to resume homemaking and child care responsibilities.

Address

University of Connecticut
School of Home Economics
Storrs, CT 06268

Phone

Additional Information

CHAPTER 11

Financial Management

Effective management of personal and family finances is an essential component of independent living. The term financial management is used to refer to a range of skills including identification of various forms of money; knowledge about investments such as insurance, savings and property; use of bank and credit facilities; skills related to budgeting, record keeping and calculation and payment of taxes; and knowledge about planning for retirement.

Curriculum materials have been developed to teach these skills both in self-help or classroom settings. Some curriculum materials are specially designed to teach financial management skills to specific disability groups. However, in many cases, materials designed for the nondisabled population are equally appropriate. In addition, materials related to financial management often are included in curriculum packages that cover a range of daily living skills. In the Resource Guide, these can be found in the general section on Daily Living Aspects. Materials specifically related to financial management are found in this section on Financial Management.

Taxes

All employed Americans pay Federal Income Taxes unless their salaries fall below very minimal levels. Also, most states have their own income taxes. By properly analyzing financial resources and planning for all proper exclusions and deductions, disabled people can maximize their spendable income. For more specific information, contact an accountant, attorney or tax consultant.

Federal Income Tax

The Federal Income Tax Annual Tax Revision U.S.C.A. Title 26, provides handicapped taxpayers with a comprehensive list of medical deductions and income exclusions.

When filling out the forms, the handicapped person should be aware of:

Records. Taxpayers must retain all receipts, cancelled checks, and other evidence to prove amounts claimed as deductions.

Interpretations. Not all Internal Revenue Service and State employees are equally informed. It is particularly important that disabled taxpayers continue to ask for interpretations until they are satisfied, since some IRS employees are not as knowledgeable as others. If they still have difficulty classifying their expenses, persons may write for a private ruling from the Assistant Commissioner (Technical), National Office of the Internal Revenue Service, 1111 Constitution Avenue, N.W., Washington, D.C. 20024. When writing for a private ruling, taxpayers should give a very thorough statement of the facts.

Additional information about tax deductions and exemptions that apply to disabled people are described in the National Resource Directory, 1979, published by the National Spinal Cord Injury Foundation.

Reprinted from National Resource Directory, 1979, published by the National Spinal Cord Injury Foundation.

Title It's Your Money - Book 1 and Book 2

Subject HG Finan Mgmt

Author
Feinstein, L. L. & Maley, C. H.

Date

Description
Worktext^{R}

Annotation

"A Consumer's Guide to Money Management" is the theme of this two-volume Worktext^{R} series that provides adults with a basic study in practical money management. "It's Your Money" helps adults improve skills and attitudes in personal and family money management while reviewing the fundamentals of mathematics at the 6-8 grade level. Problems and exercises concentrate on such daily problems as taxation, installment purchases, price-per-unit comparisons, budgeting and planning of income spending, and many other topics of money management. Answer keys are available with class quantity orders. Reading level, grades 6-8.

Cost
$1.80 per book

Publisher
Steck-Vaughn Company, Publishers, 807 Brazos,
P.O. Box 2028, Austin, TX 78768

Additional Information
Order No. (Book 1) ISBN 0338-6, (Book 2) ISBN 0339-4. For urgent orders: toll-free number (800) 531-5015.

Title Accent on Consumer Education Series, Revised

Subject HG Finan Mgmt

Author
Bohlman, H. M., et al.

Date

Description
booklets

Annotation

This series provides basic information needed for intelligent and successful money management and explores the challenges that consumers face daily. Readings levels 6-8. Titles in the series include:

#2151 THE LAW FOR YOU, Revised
#2152 UNDERSTANDING CONSUMER CREDIT, Revised
#2154 KNOWING HOW TO BUDGET AND BUY, Revised
#2155 INSURING YOUR LIFE, INCOME, AND PROPERTY, Revised
#2156 Teacher's Guide, Revised

Pertains to Competency 1, Managing Family Finances

Cost
$1.65 each

Publisher
Follett Publishing Co., 1010 West
Washington Boulevard, Chicago, IL 60607

Additional Information

Title Managing Your Money

Subject HG Finan Mgmt

Author Miller, N. G.

Date 1979

Description 64-page book

Annotation

This book gives ways to save money on housing, food, travel, clothes, health care, education, and recreation. It tells how to make a budget, how to plan for retirement, how to get the best deal from banks, credit unions, and other financial institutions, and how to cope with debts.

Managing Your Money looks at the effects money problems can have on family relationships and suggests ways to deal with these problems. It also discusses financial management for single persons, including those who are divorced or widowed. Reading level: 5.5.

Pertains to Competency 1, Managing Family Finances.

Cost $2.25

Publisher
New Readers Press, Division of Laubach
Literacy International, Box 131, Syracuse,
NY 13210

Additional Information Managing Your Money Workbook is also available for 60¢.

Title SSI for the Aged, Blind and Disabled

Subject HG Finan Mgmt

Author

Date 1978

Description

Annotation

Cost

Publisher
U.S. Department of Health, Education and
Welfare, Social Security Administration.

Additional Information
Available from:

U.S. Government Printing Office
Washington, D.C. 20402
1978: 720-441/111

Item Auto Insurance for Persons with Epilepsy

Category Ep Finan Mgmt

Description

The Epilepsy Foundation of America announced that two companies provide reduced rates for auto insurance for persons with epilepsy. They are Prudential Insurance Company of America, Newark, New Jersey, and Bankers Life and Casualty Company, Chicago, Illinois.

Pertains to competencies in the Daily Living domain.

Address

Phone

Additional Information

Title It's Your Money

Subject HI Finan Mgmt AV

Author Hamilton, Ron and Freebairn, Tom

Date

Description

five 3/4" videotapes, ½ hour each or 16 mm film

Annotation

Five videotapes present basic areas important to building better consumer habits for deaf persons. The series is a mix of in-studio instruction and man-woman on the street interviews with deaf people from around the USA. Hosted by Dr. Frank Bowe. Available on 3/4" videocassette or 16 mm film

Pertains to Competency 1, Managing Family Finances.

Cost

Publisher

The New York University, Deafness Research and Training Center

Additional Information

Joyce Media, Inc., 8613 Yolanda Avenue,
Northridge, CA 91328

Title About Insurance		Subject HI Finan Mgmt
Author	Date 1978	Description Manual

Annotation

About Insurance was written for deaf students in business training. This manual covers the principal types of insurance, divided into these categories: automobile, life, health, social security, homeowners, and miscellaneous. The language is simple, and a vocabulary section is included with each of the 32 lessons. The manual is illustrated with line drawings and includes simple assignments.

Pertains to Competency 1, Managing Family Finances.

Cost

Between $1. and $5.

Publisher

New Jersey Vocational-Technical Curriculum Laboratory, Rutgers University, 4103 Kilmer Campus, New Brunswick, NJ 08903

Additional Information

Phone: (201) 932-3845

Title Getting Your Dollar's Worth		Subject HI Finan Mgmt
Author	Date 1978	Description Text

Annotation

This is an informal text on consumer problems designed to hold the attention of non-verbal students. Most concepts are presented in anecdotal form. Topics covered include:

- buying on time
- other types of credit
- advertising abuses
- brand names
- contracts
- guarantees
- fraud
- small-claims court
- how to save money
- truth-in-lending law
- "bargains"
- garnishment
- New Jersey Consumer Fraud Act

Questions for discussion are provided at the end of each chapter. Suggested projects are also included.

Cost

Between $1. and $5.

Publisher

New Jersey Vocational-Technical Curriculum Laboratory, Rutgers University, 4103 Kilmer Campus, New Brunswick, NJ 08903

Additional Information

Phone: (201) 932-3845

Title About Buying on Credit

Subject HI Finan Mgmt

Author

Date 1978

Description

Annotation

This manual includes 12 lessons written for deaf students covering the essentials of charge accounts, store credit plans, credit cards, installment buying and borrowing money. Language is simple and vocabulary is defined for each lesson.

Pertains to Competency 1, Managing Family Finances.

Cost

Less than $5.00

Publisher

New Jersey Vocational-Technical
Curriculum Laboratory, Rutgers University,
4103 Kilmer Campus, New Brunswick, NJ
08903

Additional Information

Phone: (201) 932-3845

Title The Bank Book

Subject MR Finan Mgmt

Author

Date

Description

workbook

Annotation

This fully-illustrated, comprehensive workbook on understanding banking includes: choosing a bank, savings and checking accounts, safety deposit box, travelers checks, and Christmas club.

Pertains to Competency 1, Managing Family Finances.

Cost

Publisher

Educational Activities, Inc., P.O. Box 392, Freeport, NY 11520

Additional Information

Title Using Money Series, Books 1-4

Subject MR Finan Mgmt

Author

Date

Description

Annotation

These books teach money concepts involving: counting money, making money, buying power, earning, spending, and saving.

Pertains to Competency 1, Managing Family Finances.

Cost

$1.95 each

Publisher

Educational Activities, Inc., P.O. Box 392, Freeport, NY 11520

Additional Information

CHAPTER 12

Housing & Home Management

This section includes information pertinent to availability and selection of housing and the management and maintenance of a home. The following topics fall under housing: the development of housing alternatives in the community, availability of accessible housing, and architectural adaptations within the home. Home management includes home maintenance skills (cleaning, repairs and decorating), use of basic tools and appliances, maintenance of the home's exterior, and the planning, purchase and preparation of food.

Housing

Integration of handicapped individuals into the community has been facilitated by an increase of housing alternatives. The advent of group homes, independent living programs and accessible housing provides handicapped individuals with a choice of living arrangements and maximizes availability of services to meet individual needs. Individuals are no longer forced to choose institutional care for lack of independent living alternatives.

Group homes, halfway houses and community residences offer supportive structure and supervision for individuals living in a group setting. They provide a community-based living arrangement for individuals making the transition from an institutional setting to independent living in the community. For some individuals, the group home may be the living arrangement of choice on a long-term or permanent basis.

Independent Living programs provide skills training and services to help severely disabled individuals increase self-determination and minimize dependence on others. Transitional programs focus on skills training to facilitate movement from a dependent to an independent living situation. Residential programs focus on provision or coordination of services including attendant care and transportation. For additional information about independent living programs, see Handicapped/General, Daily Living Aspects.

The need for architecturally accessible housing has received increased attention in recent years. Construction of accessible housing received a boon through passage of Section 202, Direct Loan Program for Housing for the Elderly and Handicapped, 1959 as amended by the Housing and Community Development Act of 1974. The Act provides for direct long-term financing to non-profit sponsors for the construction or substantial rehabilitation of rental housing for physically handicapped people. Development of equipment and practical guidelines for home renovation has also increased availability of accessible housing.

22

Home Management

Home management skills are important components of successful daily living for all people—disabled and non-disabled. Special adaptive equipment and techniques enable individuals with various disabilities to perform the tasks associated with home care and meal preparation. There are catalogs of adaptive aids and instructional guides to assist in teaching home management skills.

Title Housing for the Handicapped and Disabled: A Guide for Local Action

Subject HG Housing

Author Thompson, M. M.

Date 1977

Description 176 pages

Annotation

This NAHRO publication, is a step-by-step manual geared for agencies and organizations interested in development of housing alternatives for physically and mentally handicapped persons. The process which agencies can use to develop housing is applicable to all disability groups. Each chapter covers a specific segment of the housing process. Topics include assessments of local housing markets, financing resources, and housing options.

Pertains to Competency 2, Selecting, Managing and Maintaining a Home.

Cost $5.00

Publisher

The National Association of Housing and Redevelopment Officials, 2600 Virginia Avenue, N.W., Suite 404, Washington, D.C. 20037

Additional Information Publication #N588

Title Housing and Home Services for the Disabled: Guidelines and Experiences in Independent Living

Subject HG Housing

Author Gini Laurie

Date 1977

Description

Annotation

Pertains to Competency 2, Selecting, Managing and Maintaining a Home.

Cost $20.00

Publisher

Harper & Row, 2350 Virginia
Avenue, Hagerstown, Maryland 21740

Additional Information

Title Housing Alternatives For Persons Disabled By Cerebral Palsy

Subject CP Housing

Author Ross, E. Clarke

Date 1978

Description

Lecture on Housing at University of Maryland

Annotation

This paper discusses the ways cerebral palsy as a disability relate to needs for adaptive or renovative design in housing. The paper is a report of a lecture by E. Clarke Ross.

Cost free

Publisher

Additional Information Available from:

U.C.P.A. Governmental Activities Office, Government Printing Office, Washington, D.C.

Title The Homemaker With Incoordination

Subject CP Home Mgmt

Author

Date

Description

Annotation

This resource presents techniques used in meal preparation by homemaker with cerebral palsy.

Pertains to Competency 5, Buying and Preparing Food.

Cost

Publisher

Additional Information Available from:

National Medical A/V Center (Annex),
Station K, Atlanta, GA 30324

Title Our Foods Book Series	Subject HI Home Mgmt

Author	Date 1978	Description book series

Annotation

Book I presents basic kitchen skills, safety and simple menu items. It introduces new words for each lesson. Book II and Book III present progressively more complicated food preparation skills.

Pertains to Competency 5, Buying and Preparing Food

Cost

Less than $5.00 each

Publisher

New Jersey Vocational Technical Curriculum
Laboratory, Rutgers University, 4103
Kilmer Campus, New Brunswick, NJ 08903

Additional Information

Phone: (201) 932-3845

Title Teaching Home Economics to the Educable

Subject MR Home Mgmt

Author

Date 1978

Description

teachers' manual

Annotation

This manual is geared to aid in teaching home economics to mentally retarded persons. It provides information on identification and characteristics of the educable, working with the educable, teaching methods and activities, and working with the educable in regular classes.

Pertains to competencies in the Daily Living domain.

Cost

Less than $5.00

Publisher

New Jersey Vocational Technical Curriculum
Laboratory, Rutgers University, 4103
Kilmer Campus, New Brunswick, NJ 08903

Additional Information

Phone: (201) 932-3845

Title Ideas For Making Your Home Accessible

Subject OH Housing

Author

Date 1979

Description

Annotation

This resource discusses cost and location factors and offers tips for every area of the home. Accessible mobile homes are also discussed. Completely illustrated with photos and drawings, the book lists suggested measurements, adaptations and a variety of special devices including information about their availabilty.

Cost

$6.95

Publisher

Special Publications
P.O. Box 700
Bloomington, IL 61601

Additional Information

Meal Preparation and Kitchen Skills: Audio-Visual and Printed Materials for Orthopedically Handicapped People

ADAPTATIONS AND TECHNIQUES FOR THE DISABLED HOMEMAKER. Available from: Sister Kenny Institute, Publications-Audiovisual Department, Chicago at 27th Street, Minneapolis, MN, phone: (612) 874-4175. This resource simplifies housework and gives directions for accomplishing specific tasks. It contains information on work and storage areas, food preparation, and other aspects.

EVERYBODY CAN COOK: TECHNIQUES FOR THE HANDICAPPED, Baron, H. Available from: Special Child Publications, 4535 Union Bay Place, N.E., Seattle, WA 98105.

GOOD FOOD IN LESS TIME. Available from: Colorado State University, College of Home Economics, Fort Collins, CO 80521. The resource presents time and energy saving ideas to making meals easier to prepare for physically impaired individuals.

THE HOMEMAKER WITH ARTHRITIS. Available from: National Medical Audio-Visual Center (Annex), Station K, Atlanta, GA 30324. Order No. #M-2242-X). This film demonstrates stress-saving techniques and selection of proper equipment in meal preparation and kitchen planning for the homemaker who has arthritis. Techniques may also be suitable for use by individuals who have limited strength or range of motion due to other causes.

THE HOMEMAKER WITH THE USE OF ONE HAND. Available from: National Medical Audio-Visual Center (Annex), Station K, Atlanta, GA 30324. This film is about selection of equipment and kitchen planning used in meal preparation by a homemaker with the use of one hand.

THE HOMEMAKER WITH WEAK UPPER EXTREMITIES. Available from: National Medical Audio-Visual Center (Annex), Station K, Atlanta, GA 30324. This film demonstrates methods to overcome loss of function in upper extremities. It includes information about meal preparation, kitchen planning, and selection of equipment.

MEALTIME MANUAL FOR THE AGED AND HANDICAPPED, Klinger, J. L., 1977. Available from: Campbell Soup Company, Home Economics Department, Camden, NJ. This instruction and resource book details aids and techniques for aged and handicapped people in phases of self-care and service within the kitchen and dining area.

THIS KITCHEN SAYS, "PLEASE BE SEATED." Available from: Colorado State University, College of Home Economics, Fort Collins, CO 80521. This resource uses 32 slides to show how to prepare a meal from a wheelchair.

Resources on Home Management and Home Safety for Orthopedically Handicapped People

General Home Management

RESEARCH AND THE HANDICAPPED HOMEMAKER. Available from: National Medical Audio-Visual Center (Annex), Station K, Atlanta, GA 30324. Order No. #M-2239-X. This resource shows areas of research with handicapped homemakers and demonstrates areas where more study is needed.

WORK SIMPLIFICATION SERIES. Available from: University of Connecticut, School of Home Economics, Storrs, CT 06268. These four films present disabled persons engaged in home management tasks.

YOU CAN DO IT FROM A WHEELCHAIR, Gilbert, A. E. Available from: Arlington House Publishers, New Rochelle, NY 10802. This presents personal experiences of a disabled mother addressed to other wheelchair-bound homemakers.

Home Safety

HOME SAFETY ROUNDUP. Available from: National Easter Seal Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago, IL 60612. Order No. #A-210. This provides a checklist for spotting potential hazards that may exist in the home.

WHEELING TO FIRE SAFETY. Available from: Executive Director of Eastern Paralyzed Veterans Association, 432 Park Avenue South, New York, NY 10016. This booklet provides fire safety tips for wheelchair users.

CHAPTER 13

Leisure & Recreation

Leisure and recreation are gaining increased recognition as important components of successful daily living for non-disabled and disabled people alike. Leisure and recreation activities benefit all people -- especially the disabled population -- in a variety of ways. As Goldenson (1978) states:

> The general rewards and values of hobbies, [recreation and leisure activities] apply equally to the able-bodied and disabled: a sense of achievement; self-development and self-realization through ever-growing knowledge, skill, and productivity; relaxation and refreshment of spirit through a change of pace; the awakening of unsuspected capacities, such as latent skill and creative ability; recognition from others; and the enhancement and enrichment of life through widened horizons, broader socal contacts, and new dimensions of interest, stimulation, and self-discovery. (p. 180)

Disabled people share these general rewards as well as special benefits particularly important to their needs. Recreation and leisure activities, such as sports, hobbies, and travel shift the focus from the person's disability to ability. These activities provide a constructive alternative to boredom or monotony by evoking the person's resourcefulness and creativity. They provide avenues for social interactions and creative productivity. Hobbies and recreation activities can improve feelings of confidence, enthusiasm, and adequacy (Goldenson, 1978). For some, leisure activities may become a constructive alternative to paid employment, allowing many individuals with severe disabilities to become engaged in personally satisfying and productive activities (Wilkinson, 1975).

Leisure and recreation opportunities available to disabled persons vary as much as for the non-disabled population. In some cases, disabled people are most appropriately mainstreamed into regular activities; some activities lend themselves to participation by groups of disabled people. A wide range of adaptive sport equipment and other aids are available.

The following outline of activities -- by no means an exhaustive list -- represents the range of leisure and recreation opportunities open to disabled people.

> Recreation activities: hiking, camping, bicycling, fishing, canoeing, boating, flying, motorcycling, horseback riding, dancing, card games, table games, and a range of organized activities such as scouting or residential and day camps.
>
> Sports: group and individual sports including organized wheelchair sports (basketball, softball, football), special group competitions,

swimming, bowling, archery, weight lifting, gymnastics, golf, running and track events.

Hobbies: music, photography, collections (from artifacts to stamps) and crafts — painting, weaving, carving, sculpture, woodwork, candlemaking, rug hooking, needlework, stained glass, gardening — to name only a few.

Travel: Improvements in transportation and architectural accessibility have opened opportunities for leisure and recreational travel whether by car, airplane, bus or train. Tours for special groups and directories of accessible lodging, restaurants and special attractions are available.

Volunteering: This can be highly beneficial for the volunteer as well as the organization or individuals being served. Opportunities include civic organizations, schools, churches, hospitals, nursing homes, special interest groups, and charities. (See article in HG Voc-Occ, "You Can Always Volunteer.")

References

Goldenson, R.M. Recreation for the disabled. In R.M. Goldenson (Ed.), Disability and rehabilitation handbook. New York: McGraw-Hill, 1978.

Wilkinson, M.W. Leisure: An alternative to the meaning of work. Journal of Applied Rehabilitation Counseling, 1975, 6 (2), 73-77.

Meal Preparation: Techniques and Resources to Aid Visually Impaired People

COOKING WITHOUT LOOKING. Tipps, E.K. Available from: American Printing House for the Blind, 1839 Frankfort Avenue, P.O. Box 6085, Louisville, KY 40206. This resource presents basic principles of meal planning, marketing, food preparation and equipment, table service and food storage for the blind homemaker. It is available in large type.

EVERYBODY CAN COOK: TECHNIQUES FOR THE HANDICAPPED. Baron, H. Available from: Special Child Publications, 4535 Union Bay Place N.E., Seattle, WA 98105. This contains information about cooking techniques for use by orthopedically handicapped and blind persons.

IT ISN'T ALWAYS EASY--BUT IT'S POSSIBLE. Available from: Thomas J. Lipton, Inc., 800 Sylvan Avenue, Englewood Cliffs, NJ 07632. This resource describes how to teach food preparation skills to blind people.

NEW YORK TIMES LARGE TYPE COOKBOOK. Available from: Harper & Row, 10 E. 53rd Street, New York, NY 10022. This illustrated cookbook contains over 300 recipes printed in large type.

Title Home Mechanics for the Visually Impaired

Subject VI Home Mgmt

Author Utrup, R. G.

Date 1974

Description

Annotation

This series of 17 lessons teaches blind persons to make their own home repairs.

Pertains to Competency 2, Selecting, Managing and Maintaining a Home.

Cost

Publisher

Western Michigan University, The
Graduate School, Kalamazoo, MI 49001

Additional Information

Title Housekeeping Skills Self-Study Kit

Subject VI Home Mgmt

Author

Date 1978

Description

Six cassettes of instruction with large print transcript, packaged in a vinyl notebook.

Annotation

This kit is designed for older adults with visual problems to learn many daily-living skills at home at their own pace. Sixty tasks include eating skills, cleaning and hand sewing, food preparation, stove safety, electric appliances and special adapted equipment.

Pertains to competencies in the Daily Living domain.

Cost

$18.00

Publisher

Public Education Division, American
Foundation for the Blind, 15 W. 16th
Street, New York, NY 10011

Additional Information

Associations and Organizations for Leisure and Recreation

American National Red Cross Program of Swimming for the Handicapped
17th & D Streets, N.W.
Washington, D.C. 20006

Association of Handicapped Artists
503 Brisbane Building
Buffalo, NY 14203

This subsidiary of the Association of Mouth and Foot Painting Artists is an international group of painters who are unable to use their hands and instead paint by holding the brush with their mouths or feet.

Boy Scouts of America
Scouting for the Handicapped Division
New Brunswick, NJ 08902
(201) 249-6000

Girl Scouts of the U.S.A.
Scouting for the Handicapped Girl Program
830 Third Avenue
New York, NY 10022
(212) 751-6900

Handicapped Flyers International
c/o Bill Blackwood
1117 Rising Hill
Escondido, CA 92025

International Council on Therapeutic Ice Skating
P.O. Box 13
State College, PA 16801

National Foundation for Happy Horsemanship for the Handicapped
Box 462
Malvern, PA 19355

It purpose is to encourage and unify the teaching of riding or driving horses through training of instructors and exchange of information.

National Handicapped Sports and Recreation Association
10 Mutual Building
4105 E. Florida
Denver, CO 80222

National Inconvenienced Sportsmen's Association
3738 Walnut Avenue
Carmichael, CA 95608
(916) 484-2153

National Therapeutic Recreation Society
1601 N. Kent Street
Arlington, VA 22209

This branch of the National Recreation and Park Association is a professional organization for those concerned with providing recreation and leisure services to disabled people and other special populations. Most information is provided free of charge; some fees for films and other publications.

North American Riding for the Handicapped Association
P.O. Box 100
Ashburn, VA 22011

The association acts as an advisory and controlling body for horseback riding programs for handicapped people.

Title Therapeutic Recreation Center

Subject HG Leisure & Rec

Author

Date 1979

Description

Annotation

This is a reprint of an article discussing a new park in Washington, D.C., specifically designed for the physically and mentally handicapped.

Pertains to Competency 8, Utilizing Recreation and Leisure

Cost

Publisher

Additional Information Available from:

D.C. Department of Recreation, 3149 16th Street, N.W., Washington, D.C. 20010

Title Access National Parks: A Guide for Handicapped Visitors

Subject HG Leisure & Rec

Author

Date 1978

Description 197 pages illustrated

Annotation

Pertains to Competency 8, Utilizing Recreation and Leisure.

Cost $3.50

Publisher

Additional Information Available from:

U.S. Government Printing Office,
Superintendent of Documents, Washington,
D.C. 20402
Stock No. 024-005-00691-5

Title Let's Look At 4-H and Handicapped Youth

Subject HG Leisure & Rec

Author

Date 1978

Description

9 pages

Annotation

This 4-H recreation leader's guide deals with leading activities such as games, special events, arts and crafts, and dance, drama, and music, with suggestions for interacting with youths with special handicaps.

Pertains to Competency 8, Utilizing Recreation and Leisure.

Cost

Publisher

Pennsylvania State University, Cooperative Extension Service

Additional Information

Item Outward Bound Programs

Category HG Leisure & Rec

Description

Outward Bound is a program to train individuals in outdoor survival skills and to promote development of self-confidence and self-esteem through experiential learning. The Minnesota Outward Bound program includes training for handicapped participants.

Pertains to Competency 8, Utilizing Recreation and Leisure

Address

Minnesota Outward Bound School, 308
Walker Avenue, South Wayzata, MN 55291

Phone (612) 473-5476

Additional Information

Item Flying Wheels Tours

Category HG
Leisure & Rec

Description

This resource provides independent and group travel for disabled persons and other interested persons.

Pertains to Competency 8, Utilizing Recreation and Leisure

Address

Flying Wheels Tours, 143 W.
Bridge Street, P.O. Box 382,
Owatonna, MN 55060

Phone

Additional Information

Item Special Recreation, Inc.

Category HG
Leisure & Rec

Description

This resource provides information sources on special recreation and leisure for all disability groups.

Pertains to Competency 8, Utilizing Recreation and Leisure.

Address

Special Recreation, Inc., 362 Koser
Avenue, Iowa City, IA 52240

Phone

Additional Information

Item Arts and the Handicapped Information Service

Category HG Leisure & Rec

Description

This is an information and referral center whose purpose is to improve access to the arts on behalf of all handicapped persons, and to assist interested persons in finding funding agencies for their programs. (source: Closer Look)

Pertains to Competency 8, Utilizing Recreation and Leisure

Address

Arts and the Handicapped Information
Service, Box 2040 Grand Central Station,
New York, NY 10017

Phone

Additional information

Item American Alliance for Health, Physical Education and Recreation for the Handicapped (AAPHER)

Category HG Leisure & Rec

Description

This organization provides information to professionals in the areas of adaptive physical education and recreation.

Address

AAPHER, 1201 16th Street, N.W.,
Washington, D.C. 20036

Phone

Additional information

Item White Oak Village

Category HG
Leisure & Rec

Description

White Oak Village is an area within Mountwood Park which is a county-sponsored facility with standard equipment, open to everyone. White Oak Village serves as a model on how to make recreation facilities suitable and accessible to handicapped individuals. It has speical architectural design, equipment and programs geared for the exclusive enjoyment of a wide range of handicapped visitors.

Pertains to Competency 8, Utilizing Recreation and Leisure.

Address

White Oak Village, Route 2, Box 56
Waverly, West Virginia 26184

Phone

Additional Information

Item Vacation/Travel Experiences

Category HG
Leisure & Rec

Description

Vacation and travel experiences are open to handicapped persons on a 1 to 4 ratio of staff to adult handicapped. Fee includes: lodging, meals, and activities. Individuals must pay own airfare.

Pertains to Competency 8, Utilizing Recreation and Leisure

Address

Centers for the Handicapped, 10501 New Hampshire Avenue, Silver Springs, MD 20903

Phone (301) 445-3350

Additional Information

211

Item Smithsonian Institution Programs for the Handicapped

Category HG
Leisure & Rec

Description

The Smithsonian Institution has adapted its six major museums in at least two ways. Many of the structural barriers have been eliminated, and each museum has at least one staff person to assist handicapped individuals to plan their visits to the exhibit areas. On occasion, each of the museums has provided specialized exhibits for handicapped visitors. For example, the Museum of Natural History maintains the "Yes Room" where visitors may touch, feel and investigate a variety of items that are found in other places in the museum. (source: Closer Look)

Address

Smithsonian Institution, Programs for
the Handicapped, National Air & Space
Museum, Room 3566, Washington, D.C.
20560

Phone

Additional Information

Item Roots, Genealogical Library for the Blind and Physically Handicapped

Category HG
Leisure & Rec

Description

The Genealogical Library of the Blind and Physically Handicapped has a collection of approximately 5,000 volumes of regular print genealogical books, pamphlets, and magazines. The library staff will advise individuals on how to go about a genealogical search.

Address

Genealogical Library for the Blind and
Physically Handicapped, 15 Dunwoody
Park, Suite 130, Atlanta, GA 30338

Phone Voice and TTY: (404) 393-9777

Additional Information

Title National Resource Handbook Project on Scouting For Handicapped Children and Youth

Subject HG Leisure & Rec

Author

Date

Description

Annotation

This handbook concerns establishment of special scouting programs for disabled children and adolescents.

Pertains to Competency 8, Utilizing Recreation and Leisure.

Cost

Publisher

Department of Special Education, Slippery
Rock State College, Slippery Rock, PA
16057

Additional Information

Title Resource Guide: Recreation and Leisure for Handicapped Individuals (OHDS) 79-22004

Subject HG Leisure & Rec

Author

Date 1979

Description 94 pages

Annotation

Designed for professionals and administrators, this is a guide to information resources, funding and publications, to aid in the devleopment of recreational programs and leisure time activities for handicapped persons.

Pertains to Competency 8, Utilizing Recreation and Leisure.

Cost

Publisher

Additional Information

Item Rainbows

Category HG Leisure & Rec

Description

The bi-monthly newsletter is published by the National Committee of Arts for the Handicapped. It is geared for teachers, recreation leaders, parents and others looking for ideas about arts programming for handicapped people.

Pertains to Competency 8, Utilizing Recreation and Leisure.

Address

The National Committee, Arts for the
Handicapped, 1701 K Street, N.W.,
Washington, D.C. 20006

Phone (202) 223-8007

Additional Information

Item Therapeutic Recreation Journal

Category HG Leisure & Rec

Description

This quarterly journal is published by the National Therapeutic Recreation Society of the National Recreation and Park Association. In addition to regular issues, the journal publishes special issues devoted to in-depth consideration of topics that are of special importance to the delivery of recreation services to handicapped populations. Volume XIII, Number 4, fourth quarter of 1979, is devoted to the topic of mainstreaming handicapped individuals in recreation. Cost for subscription is $8.00 for one year, $14.00 for two, and $20.00 for three.

Address

National Recreation and Park Association's National Therapeutic Recreation
Society, 1601 North Kent Street,
Arlington, VA 22209

Phone

Additional Information

Title Clinically Adapted Instruments for the Multiply Handicapped

Subject HG Leisure & Rec

Author

Date

Description

Annotation

This is a compendium of descriptions of one hundred adapted and original musical instruments. These designs are emerging from the field work of practicing music therapists and students.

Cost

Publisher

Modulations Company, 9 Sawmill
Drive, Westford, MA 01886

Additional Information

Item Journal of Leisurability

Category HG
Leisure & Rec

Description

This quarterly journal provides readers with information on recreation and leisure programs, discussion of issues affecting recreation services, book reviews, and editorial comments. Individual subscription costs $10.00, library subscription costs $14.00.

Books from same source include: A Manual of Therapeutic Group Activities for Leisure Education by J. Witt, M. Campbel; Community Leisure Services for Disabled Individuals by P. Witt; Recreation Integration by Peggy Huchison and John Lord.

Pertains to Competency 8, Utilizing Recreation and Leisure.

Address

Leisurability Publications, Inc., Box
281, Station A, Ottowa, Ontario K1N 8V2

Phone

Additional Information

Title Humanism and the Arts in Special Education

Subject HG Leisure & Rec

Author

Date

Description

Annotation

This provides a review of arts programs and activities throughout the country.

Pertains to Competency 8, Utilizing Recreation and Leisure.

Cost

Publisher

National Committee, Arts for the
Handicapped, 1701 K Street, N.W.,
Washington, D.C. 20006

Additional Information

Title Calebrate

Subject HG Leisure & Rec
AV

Author

Date

Description

20 minute videotape

Annotation

This lively videotape explores the value of recreational and competitive sports for handicapped people by focusing on several members of a New England sports association and how they were helped to regain confidence in themselves. (source: Disability Attitudes: A Film Index)

Pertains to Competency 8, Utilizing Recreation and Leisure.

Cost

Publisher

New England Handicapped Sportsman's
Association, 211 St. Paul Street,
Brookline, MA 02146

Additional Information

Title Wheelabout Garden

Subject HG Leisure & Rec

Author

Date

Description

leaflet

Cross Reference:
OH Leisure & Rec

Annotation

This leaflet gives suggestions and information to help wheelchair users do more work with less effort as home gardeners.

Pertains to Competency 8, Utilizing Recreation and Leisure.

Cost

Publisher

Additional Information Available from:

National Easter Seal Society for Crippled Children and Adults, 2023 West Ogden, Chicago, IL 60612

Item International Committee of the Silent Sports

Category HI
Leisure & Rec

Description

This organization sponsors olympic games every four years for deaf individuals. All participants are amateurs. (source: Closer Look)

Address

International Committee of the
Silent Sports, Gallaudet College,
Florida Avenue and Seventh Street,
N.E., Washington, D.C. 20002

224

Phone

Additional Information

247

Item American Athletic Association of the Deaf

Category HI
Leisure & Rec

Description

Address

American Athletic Association of the
Deaf, 3916 Lantern Drive, Silver
Springs, MD 20902

Phone

Additional information

Item National Theater of the Deaf

Category HI
Leisure & Rec

Description

Major areas of activity are performance and training. It is a source of information on education and training of deaf persons as related to theatre.

Cross Reference: HI Career Opp

Address

National Theatre of the Deaf, 305
Great Neck Road, Waterford, CT 06385

Phone

Additional Information

Item Closed Captioning for the Deaf on PBS, NBC and ABC Television Networks

Category HI Leisure & Rec

Description

These networks offer a system that allows deaf people to view captioned television programs. A special decoder must be used to receive captioned programs. This type of decoder can be purchased from Sears Roebuck and Company at an estimated cost between $225.00 and $250.00. Contact the local Sears Store or catalog department for more information.

Cross Reference: HI Communication

Address

Phone

Additional Information

Item Special Olympics

Category MR Leisure & Rec

Description

This organization, founded in 1968, was created and is sponsored by the Joseph P. Kennedy, Jr. Foundation. Its goal is to promote physical education and athletics for retarded children and adults. Local area and chapter games are conducted in 50 states and over 30 foreign countries. The International Special Olympics occur once every four years (next in 1983) and include competition in a variety of sports. The Special Olympics also sponsors research, compiles statistics, maintains a speakers bureau and publishes informational brochures.

Pertains to Competency 8, Utilizing Recreation and Leisure.

Address

Special Olympics, Suite 203, 1701 K
Street, N.W., Washington, D.C. 20006

Phone (202) 331-1346

Additional Information

219

Wheelchair Sports
Organizations and Associations

American Wheelchair Bowling
Association
2635 Northeast 19th Street
Pompano Beach, FL 33062

American Wheelchair Pilots
Association
7008 Willetta
Scottsdale, AZ 85257

National Wheelchair Athletic
Association
40-24 62nd Street
Woodside, NY 11377
(212) 424-2929

National Wheelchair Basketball
Association
110 Seaton Building
University of Kentucky
Lexington, KY 40506

National Wheelchair Marathon
Committee - NPF
369 Elliot Street
Newton Upper Falls, MA 02164

National Wheelchair Softball
Association
P.O. Box 737
Sioux Falls, SD 57101

Wheelchair Motorcycle
Association
101 Torrey Street
Brockton, MA 02401

Wheelchair Pilots Association
17623 111th Lane West
Largo, FL 33540

Title The Wheelchair Traveler

Subject HG Leisure & Rec

Author Douglass R. Annand (Editor)

Date 1979

Description

Cross Reference:
OH Leisure & Rec

Annotation

The 1979 edition - the eleventh consecutive edition - features specific travel information needed by persons with disabilities including orthopedic handicaps. It lists information about hotels, motels, restaurant and sight seeing attractions that are useable by handicapped individuals including those in wheelchairs. This edition contains over 6000 listings from 50 states, Mexico, Canada, and Puerto Rico.

Pertains to Competency 8, Utilizing Recreation & Leisure.

Cost

$7.95

Publisher

Douglass R. Annand, "The Wheelchair Traveler", Ball Hill Road, Milford, NH 03055

Additional Information

Allow 2 weeks for delivery
No billings or C.O.D.s

Item Rambling Tours

Category OH Leisure & Rec

Description

Arranges travel and sightseeing activities for persons who are physically disabled.

Address

Rambling Tours, Inc.
P.O. Box 1304
Hallandale, Florida 33009

Phone

Additional Information

Sports Organizations and Associations for Visually Impaired People

American Blind Bowling Association
150 N. Bellaire Avenue
Louisville, KY 40206

This association helps to organize and sanction leagues and tournaments for visually handicapped persons. It furnishes free information on bowling for blind people.

B.O.L.D.
Blind Outdoor Leisure Development
533 E. Main Street
Aspen, CO 81611

This group of volunteers trains blind people in a variety of outdoor winter and summer sports.

Braille Sports Foundation
Room 301
730 Hennepin Avenue
Minneapolis, MN 55402

National Beep Baseball Association
3212 Tomahawk
Lawrence, KS 66044

Ski for Light, Inc.
1455 W. Lake Street
Minneapolis, MN 55408

United States Association for Blind Athletes
55 W. California Avenue
Beach Haven Park, NJ 08008

This association strives to develop athletic skills in blind individuals so that they may participate in national and international competition.

U.S. Blind Golfer's Association
c/o Patrick Browne, Jr.
28th Floor
225 Baronne Street
New Orleans, LA 70112

CHAPTER 14

Mobility

Mobility refers to those factors involved in getting around the community — accessibility of public transportation and buildings, availability of transportation, driving skills, traffic and safety practices, and orientation skills. Architectural barriers that hamper the mobility of handicapped individuals continue to be one of the most limiting environmental factors facing the handicapped population. As Frank Bowe (1978) points out, "Architecture affects all aspects of the lives of all Americans — the schools they attend or cannot attend, the workplaces where they obtain a job or are denied employment, the transportation they pass through or must be helped around, the recreational facilities they use or must pass by" (p. 76).

When architectural accessibility is implemented at the planning stage, increases in building costs are minimal (Bowe, 1978), yet inaccessible buildings continue to be built. Based on the Architectural Barriers Act of 1968, all public buildings which are federally funded are to be accessible to physically disabled people in compliance with the American National Standards Institute (ANSI) Standards of 1961. In addition, all federally funded renovations are to be in compliance with ANSI standards. Yet loopholes in the law have allowed builders to avoid compliance (Bowe, 1978). And architectural planning in the private sector is unregulated with respect to accessibility.

Reference

Bowe, F. Handicapping America: Barriers to disabled people. New York: Harper and Row, 1978.

Highlights of Current ANSI Standards

These are highlights of the standards published in 1961 by the Americal National Standards Institute, Inc. (ANSI). These specifications, currently undergoing revision and expansion, provide standards for accessibility of buildings and facilities for handicapped individuals.

A. Parking and approaches to building entrance.

Parking: Place near building. Identify for use by handicapped only. Make level. Minimum width: 12 feet. Clear step-free route from reserved space to building entrance.

Walkways: 5 feet minimum width, 1 foot in 20 maximum gradient. Non-slip surface. Curb cuts if road crossing required. No downspouts discharging onto walkway. Change in paving texture to alert visually impaired, especially when there are ramps or curb cuts.

Ramps: 1 foot in 12 maximum slope. Handrail on at least one side 32 inches above ramp surface and to extend 12 inches beyond top and bottom of ramp. Non-slip surface 6 feet of straight clearance at top and bottom. Level rest platform at 30-foot intervals and at turns.

Entrance: At least one primary entrance barrier free, with access to an elevator. 32 inches clear door opening. Door sill flush with floor. If vestibule, 6 feet 6 inches between doors. Adequate night illumination.

Stairs (Exterior): No protruding nosings. Non-skid surface. Lit for night time use. Handrails 32 inches high, to extend 30 inches horizontally at top and bottom.

B. Movement within building.

Stairs: No protruding nosings. 7 inches maximum riser height. Handrails 32 inches above tread at face of riser, extend 12 inches beyond top and bottom parallel to floor. Handrails circular or oval, 1 3/4 inches to 2 inches thick.

Elevators: Install in all buildings of two or more stories. Minimum cab size: 5 feet deep by 5 feet 6 inches wide. Doors to have safety edge with sensing device. Control panel placed 4 feet from floor. Control buttons to have raised or notched information adjacent to buttons.

Corridors: 5 feet minimum.

Foors: Non-slip surface. Differences of level connected by ramps.

C. Services.

Toilets: Stall size 3 feet wide by 5 feet deep (minimum) with an out-swinging door providing 32 inches clearance. Toilet, wall-mounted. Grab-bars (1½ inches in diameter and 1½ inches from walls) on both walls, 33 inches from floor.

Lavoratory: Clearance to bottom of apron: 2 feet 6 inches (minimum). Faucet handles easy to operate. Shield hot water line and trap. Mirror and other accessories not over 40 inches above floor.

Urinal: At least one fixture 15 inches above floor.

Water fountains: Upper edge of basin not over 3 feet above floor. Controls and spouts at front. If recessed, recess not less that three feet wide.

Coin phones: Do not place phone in booths. Dial, coin slot and handset placed so that they can be reached from wheelchair. Provide amplification for persons with hearing disabilities.

Controls: Light and other switches placed within reach of persons in wheelchirs.

D. Hazards.

Obstructions: Low hanging door closers, signs, ceiling fixtures should be avoided.

Alarms: Visual signal to alert hearing impaired. Audible signal to alert visually impaired.

The preceding standards are geared to four relatively fixed design conditions: the man or woman in a wheelchair; the person on crutches, the blind person, and the hearing impaired person.

The preceding is an exerpt reprinted from the brochure Guilty Buildings by the President's Committee on Employment of the Handicapped, Washington, D. C. 20210.

Accessibility and Barrier-Free Design Resources

NATIONAL CENTER FOR A BARRIER FREE ENVIRONMENT. 7th and Florida Avenue, N.E., Washington, D.C. 20002. The center provides technical assistance on accessibility on a state-by-state basis. They also publish *Accessibility Assistance*, a 186-page national directory of consultants on environments for disabled people. The directory is designed for persons seeking advice about ways to make existing facilities accessible or create new ones. Copies are $3.25 prepaid or $4.25 with billing.

ARCHITECTURAL BARRIER REMOVAL FOR ALL. Available from: East Central Oklahoma State College, Rehabilitation Services Education, Department of Human Resources, Ada, OK 74820. This series of 7 slide/tapes presents information regarding legislation, and barriers removal in employment, transportation, and housing.

BARRIER-FREE DESIGN: THE LAW, VOL. I. Available from: Eastern Paralyzed Veterans Association, 423 Park Avenue S., New York, NY 10016. This resource is intended for architects, engineers, building officials and inspectors. The document presents simplified explanations of ANSI standard regulations.

BARRIER FREE MEETINGS: A GUIDE FOR PROFESSIONAL ASSOCIATIONS. Available from: American Association for the Advancement of Science, 1515 Massachusetts Avenue, N.W., Washington, D.C. 20005. This resource presents guidelines for ways that meetings can be made accessible to people with different disabilities.

BARRIER FREE SITE DESIGN. Reprinted 1977. Available from: U.S. Government Printing Office, Superintendent of Documents, Washington, D.C. 20402, Stock No. 023-000-00291-4. Cost: $2.75. This 82-page publication provides both administrators and designers with information about designs that meet the needs of physically handicapped people using the outdoor environment.

DESIGNING FOR THE DISABLED. Goldsmith, S., 1976. Available from: Royal Institute of British Architects, 66 Portland Place, London, W.I., ENGLAND. This presents results of research on detailed space requirements for persons with various disabilities.

MANUAL FOR ACCESSIBILITY: CONFERENCE, MEETING, AND LODGING FACILITIES. Langton, A.J. (Ed.). Available from: Accessibility Committee, Wisconsin Rehabilitation Association, c/o Stout Vocational

Rehabilitation Institute, University of Wisconsin-Stout, Menomonie, WI 54751. Cost: $2.50, 32-page softbound manual. This well-illustrated manual provides detailed information describing minimum accessibility features for parking, buildings, conference/meeting rooms, restrooms, and guest rooms. It is designed so that all aspects of conference facilities can be evaluated as to accessibility for handicapped individuals including visually impaired, hearing impaired and physically handicapped people. There is heavy emphasis on wheelchair accessibility.

RESOURCE GUIDE: ARCHITECTURAL BARRIERS REMOVAL. 1978. Available from: U.S. Department of Health, Education and Welfare, Office for Handicapped Individuals and Architectural and Transportational Barriers Compliance Board, Washington, D.C. 20201. This 23-page booklet lists resources, publications, organizations and programs to assist handicapped individuals with architectural accessibility.

Transportation and Travel Resources

ACCESS AMTRAK. Amtrak, Office of Public Affairs, 955 L'Enfant Plaza, Washington, D.C. 20024.

ACCESS TRAVEL: AIRPORTS, A GUIDE TO ACCESSIBILITY OF TERMINALS. This 19-page booklet provides charts on accessibility of airports across the United States.

AIRLINE TRAVEL RECOMMENDATIONS. Available from: Bureau of Consumer Protection, Civil Aeronautics Board, Washington, D.C. 20428. The Civil Aeronautics Board has published rules to ensure that handicapped travelers are treated fairly and without discrimination.

COORDINATING TRANSPORTATION SERVICES FOR THE ELDERLY AND HANDICAPPED. Available from: Office of Environment and Safety, Department of Transportation, 400 7th Street, S.W., Room 9422, Washington, D.C. 20590. These three volumes contain an analysis of statutes and regulations governing transportation for handicapped and elderly people.

FREE BUS FARE FOR ATTENDANT. Greyhound and Trailways bus companies each have special programs to allow a disabled person and an attendant to travel on a single fare.

1978-79 INTERNATIONAL DIRECTORY OF ACCESS GUIDES: AN AID FOR DISABLED AND ELDERLY TRAVELERS. Available from: Travel Survey Department, Rehabilitation/WORLD, 20 West 40th Street, New York, NY 10018. This is the first edition of an annual series of up-to-date international directories of access guides for disabled people.

TRANSPORTATION COUNSELING FOR HANDICAPPED INDIVIDUALS: A MANUAL FOR REHABILITATION PROFESSIONALS. Labanowich, S., 1979. Available from: Rehabilitation Research and Training Center, George Washington University, 2300 Eye Street, N.W., Suite 714, Washington, D.C. 20037, (202) 676-3801. Cost: $6.00. This guide is for professionals to facilitate development of individualized rehabilitation transportation plans through assessment of disabled or elderly people's transportation needs.

TRAVEL FOR THE HANDICAPPED. Available from: Consumer Affairs Department, United Airlines, P.O. Box 66100, Chicago, IL 60666. This brochure explains air travel procedures and tips for handicapped travelers.

TRAVEL INFORMATION CENTER. Moss Rehabilitation Hospital, 12th Street & Tabor Road, Philadelphia, PA 19141. The center serves primarily mobility-disabled individuals, though they respond to inquiries relating to all handicapping conditions. They answer questions on an individual basis regarding the accessibility and suitability of the trip being considered.

TRAVEL TIPS FOR THE HANDICAPPED. Available from: Consumer Guide Service, U.S. Travel Service, Department of Commerce, Washington, D.C. 20230.

Item Tax Deduction for Barrier Removal

Category HG Mobility

Description

The Internal Revenue Service recently issued final regulations for deduction expenses incurred by businessmen for the removal of architectural or transportation barriers to handicapped and elderly persons.

The rules implement Sec. 2122 of the Tax Reform Act of 1976. They allow deductions of up to $25,000 per year for qualifying expenditures made after Dec. 31, 1976, or before January 1, 1980. Changes must be based on the ANSI standards for barrier removal.

For more information, contact the Internal Revenue Service. (source: "Missouri Developmental Disability News")

Address

Phone

Additional Information

1Hf

Item National Center for a Barrier Free Environment

Category HG Mobility

Description

The center was created by the American Institute of Architects and a variety of organizations representing disabled people and serves as a clearinghouse for information on architectural barrier removal. The center provides publications (with charges for some) and free referral services by phone or mail. It also maintains a list of speakers specializing in barrier-free design.

Address

National Center for a Barrier Free
Environment, Suite 1006, 1140 Connecticut Avenue, N.W., Washington, D.C.
20036

238

Phone

Additional Information

Item Parking Tickets

Category HG Mobility

Description

Advocates for the Handicapped offers parking "tickets" which can be distributed by any law enforcement official, museum or shopping center guards, security personnel, etc. They are placed on the windshields of cars parked illegally in handicapped parking spaces or across ramps used by persons in wheelchairs. The tickets have no legal significance, but ask physically able people to use other locations in the future.

Books of 10 tickets each cost 20¢.

(source: Access: The Guide To A Better Life for Disabled Americans, 1978)

Address

Advocates for the Handicapped, 77 W.
Washington Street, Chicago, Illinois
60602

Phone

Additional Information

Item Project Compliance and Dimensional Sign Age

Category HG Mobility

Description

These two films work jointly to design and implement physical accessibility compliance with Section 503 and 504 of the Rehabilitation Act of 1973. Project Compliance inspect facilities to determine accessibility needs, maintains an extensive individual library on accessibility standards and regulations, and develops and conducts conferences and training programs for interested institutions and companies involved in compliance with regulations. Dimensional Sign Age manfactures signs and location cues for the visually impaired.

Address

Project Compliance, 4140 N. Clarendon
Avenue, Chicago, IL 60613

Phone (312) 935-9299

Additional Information

Dimensional Sign-Age, Dimensional Graphics,
Inc., 222 W. Huron, Chicago, IL 60610
Telephone: (312) 787-5658

Item Services for the Handicapped
Smithsonian Institution National Air & Space Museum

Category HG Mobility

Description

This service offers to federally funded arts and cultural institutions guidance on how to make their facilities and programs accessible to disabled people. This service is available to organizations such as community arts centers, museums, and historical societies. The program will respond to telephone and written inquiries, make referrals to other information sources, and send publications on such areas as physical accessibility, auxiliary aids, and program planning. It also has capacity to make site visits to institutions and to offer on-the-spot assessments of plants and programs. Fees vary with services.

Address

Services for the Handicapped,
Smithsonian Institution National Air
and Space Museum, Room 3566, Washington,
D.C. 20560

Phone

Additional Information

Item Mobility on Wheels

Category HG Mobility

Description

This is an organized group of citizens with mobility problems due to physical impairment, including visual, hearing, and aging disabilities. MOW's objectives are: 1) to create awareness of mobility limitations; 2) to instigate removal of architectural barriers and prevention of new ones being built by all levels of government and private enterprises; and 3) to maintain a comprehensive community resource center including information, referral, and consultative services.

Pertains to Competency 9, Getting Around the Community (Mobility)

Address

Mobility on Wheels, 1712 Glendon
Avenue, Norfolk, VA 23518

Phone

Additional Information

Item American National Standards Institute

Category HG Mobility

Description

ANSI publishes a guide called "American National Standard Specifications for Making Buildings and Facilities Accessible to and Usable by, The Physically Handicapped". This institute determines the accessibility standards that are used nationwide. A copy of the revised standards is $2.75.

Address

American National Standards Institute,
Inc., 1430 Broadway, New York, NY 10018

Phone

Additional Information

Item Architectural and Transportation Barriers Compliance Board

Category HG Mobility

Description

This federal board is responsible for compliance with accessibility standards published by ANSI. The board investigates complaints, enforces compliance, and acts as a resource for the government agencies and departments which are members. Some states have similar boards. Write to the federal office to determine if your state has such a board.

Address

Architectural and Transportation
Barriers Compliance Board, Switzer
Building, Room 1004, Washington, D.C.
20201

Phone

Additional Information

Resources and Information for Disabled Drivers

DISABLED DRIVERS - ASSISTIVE DEVICES, 3/4" videotape, 21 minutes, 1979. Available from: Institute of Rehabilitation Medicine, New York, NY.

This tape is for driving trainers and disabled drivers. It demonstrates the various assistive devices used in transfer, braking and accelerating automobiles.

DRIVING FOR THE PHYSICALLY HANDICAPPED. Available from: Department of Occupational Therapy, Rancho Los Amigos Hospital, 7601 E. Imperial Highway, Downey, CA 90242.

HAND CONTROLLED CAR RENTAL. Avis, Hertz and National car rental agencies have hand-controlled cars available in many major cities. At least two weeks notice should be given to ensure availability. According to the National Spinal Cord Injury Foundation's *National Resource Directory*, reservations should not be made through local agents. Call the company's national or regional office. These numbers are listed in the Yellow Pages of most telephone books.

THE HANDICAPPED DRIVER'S MOBILITY GUIDE. Available from: American Automobile Association (AAA).

The Guide lists 500 transportation services for disabled drivers, driving schools in U.S. prepared to work with handicapped drivers, and manufacturers of special adaptive equipment.

SOURCES FOR ADAPTIVE EQUIPMENT AND VEHICLES. Manufacturers of hand controls and dealers for specially equipped vans and buses are listed in the *National Resource Directory*, 1979, published by the National Spinal Cord Injury Foundation, 369 Elliot Street, Newton Upper Falls, MA 02164.

Additional information about automobile transportation for disabled drivers is located in the section entitled Orthopedic Handicap, Mobility.

Barriers to Accessibility for Hearing Impaired Persons

Barriers to communication often are not apparent to a person who is not deaf. A tour through a major city's airport would not seem to show that this facility poses a communication barrier to a deaf person. Yet: a deaf person traveling to that airport to meet a friend cannot be paged by that friend who has missed his plane. A deaf traveler may arrive at a flight gate, only to learn that the flight has been shifted at the last moment to another gate. Deaf travelers have actually missed flights because airline personnel forgot to inform them of flight changes. They have also wound up on planes to the wrong places. Further, a deaf person who wants to make a flight reservation may be unable to locate a hearing friend to place such a phone call and, therefore, have to drive to the airport to make the arrangements.

These kinds of frustrations are a daily occurrence for a deaf person. Deaf persons encounter buildings with intercom systems to gain admittance; must rely, in large part, on friends or neighbors to call repairmen or make doctor's appointments; cannot know when an emergency alarm is activated in a public building; and will not know when their number is called at the deli counter in the supermarket. Hearing people generally just never give much thought to how much the world relies on audio, rather than visual messages, whether it is the siren on an emergency vehicle or the intercom in the pizza take-out.

Breaking Down the Barriers

All environments should require a visual counterpart to warning bells or sirens. This could be a flashing light or sign, which should be placed away from windows and conventional lighting and be of sufficient intensity to attract the attention of anyone in the area.

Certified interpreter services would be of great assistance to hearing impaired persons who have business with public or private agencies. Since English is really a second language for some deaf people, writing on a pad or attempting to communicate through speech and lipreading may lead to many misunderstandings. Deaf persons for whom English is a second language need the services of an interpreter using American Sign Language (ASL). It should be noted that there are interpreters for persons who rely on lipreading as well as interpreters skilled in ASL and/or signed English. The certified interpreter could be a staff member of the agency or part of an interpreter pool, on call to the agency of business as needed. A sign should be installed showing the deaf person where the interpreter service is located.

Public buildings should be well lighted and acoustically designed to reduce background noise. A person communicating with a deaf person should never be placed between that deaf person and a light source, but rather should stand so that the light is to the deaf person's back.

A teletypewriter phone and phone with an amplifier compatible with hearing aids should be located wherever there is a bank of public telephones, as well as at central switchboards or information desks. Businesses with deaf employees or which expect to have deaf persons as customers should also have TTY's. Communities should provide answering/relay services for deaf persons.

Doors in heavy traffic areas should have glass panels or windows since deaf persons need to see to know that someone is approaching a door from the other side. Similarly, glass security windows at reception and service desks should not have obstructions which make it difficult for a deaf consumer to see the service person.

Visual counterparts to public address systems should be provided. TV monitors are now being used in train and airline terminals to announce arrival and departure infomration, and these could be used to present announcements for hearing handicapped persons. A flashing light or signal, along with an audio announcement, could be used to alert persons that a special message is being displayed.

In trains and/or subway stations, the signs naming the stations should be clearly visible through the window of the cars so that a deaf person is not dependent on a conductor's announcement. It would also be helpful if fare information and routes and schedules were posted.

Signals and Security

In apartment buildings, smoke detectors with flashing lights should be available as should doorbell lights. Appliances should be marketed with flashing lights in addition to sound warnings to indicate that the appliance is on or has completed its task. In high security apartments, closed circuit TV systems could be used as visual intercoms, at least between the building door and a manager's or superintendent's office.

Public buildings, exhibits, museums and galleries are today increasinly adding electronic systems which supply information through a headset or portable receiver. Scripts of this narrative should be provided, or interpreted tours offered, to deaf individuals and/or groups. Seating at the front of auditoriums and theatres should be reserved for hearing impaired persons who may need to lipread speakers, or whose enjoyment of a production may depend completely on ability ot observe the action. Printed scripts and/or interpreter services should also be provided. The Folger Theatre in Washington, D.C., will provide an interpreted performance of each of its productions in the coming year.

Finally, any agency or organization which requires clients to complete written forms should be sure that these forms are written in as simple and clear language as possible. A videocassette with a signed presentation of information or instruction might be an effective aid to agencies who deal with deaf persons on a regular basis.

This description of barriers encountered by deaf persons and possibilities for overcoming them is certainly not complete. The barriers posed by television itself could take a full issue of this publication. Individuals and organizations should look closely at their own environments from the point of view of a hearing handicapped person. As information and research is developed it should be shared; this article is merely the beginning.

The preceding is an exerpt reprinted from the article "The Barriers of Deafness" appearing in Report, Volume 3, Number 6, November/December 1977. This article was prepared in conjunction with Callaudet College's sponsorship of this issue of Report.

Equipment to Aid Mobility

Wheelchairs

Simply stated, wheelchairs provide mobility and transportation for persons unable to walk. Selecting an appropriate wheelchair is a highly individual matter, as each user has special functions and requirements to consider. Wheelchair design varies, and should always be selected with the help of a physician and/or physical therapist. To follow are brief descriptions of various types of wheelchairs, reflecting differences in function and usage:

> Manually operated—a self propelled wheelchair designed for persons with adequate hand and arm strength.
>
> Electrically operated—propelled by an electronic level. Motorized wheelchairs are prescribed for persons who lack sufficient upper extremity strength. Most levers are operated by hand but others can be controlled by a chin or mouth lever.
>
> Breath operated—through a "puff" and "suck" breath movement, this wheelchair is required by persons with little or no movement below the neck.

Wheelchair cushions. For wheelchair users, particularly those with spinal cord injuries, it is essential to prevent the formation of pressure sores, particularly in the buttocks region, which can easily develop through prolonged sitting without changing body position. In response to this need, wheelchair cushions are prescribed. Again, consult with a physician or physical therapist.

Maintenance and repairs. Preventive maintenance and small repairs will result in a properly functioning chair. For information on maintenance and assistance, contact a local supplier of wheelchairs or a local bicycle repair shop.

Wheelchair Care

Your wheelchair is an expensive piece of equipment. Here are some maintenance tips to keep it in good condition.

Metal parts. Wipe with a soft cloth at least once a week. Polish with a good chrome polish once a month.

Upholstery. Mend small tears with tape to prevent extension. Sponge with a damp cloth once a week. Use naughahyde conditioner once a month.

Tires: Clean occasionally with a damp cloth. If your chair has pneumatic tires, keep correct amount of air in them (45-50 lbs.). It has been found that it is possible to install Schwinn bicycle tires on a chair and that they last four or five times longer than the standard grey rubber tires. The cost is somewhat less too.

Large wheels. Occasionally tighten screws on hand rims. Tighten wheel if it develops side play by loosening lock nut on axle and inserting screwdriver in slotted end of axle and tighten. All wheel bearings have been factory packed in grease but should be repacked once a year.

Frame. Grease extra long center bolt on the X-brace every two months. DO NOT oil hinges or clamps that control folding footrest or leg rest panel.

Safety hints. Make sure handgrips are always tight. Be sure screws holding upholstery are secure. If chrome starts to peel, sand it smooth. Keep brakes in working order.

Brace Care

Braces—The use of braces sometimes allows ambulation for spinal injured persons, and when appropriate is recommended by the attending physician or physical therapist.

1. Be sure all locks are clean and move freely. Keep them free of lint and rust.
2. Clean leather once a week with mild soap and water, saddle soap, or a good leather cleaner.
3. Check once a month for worn leather, loose or missing screws and worn buckles and straps.
4. Check often to see metal is not bent. A pressure area may occur if metal rubs the skin.
5. Check body each day for red areas after removing braces. An unchecked red area one day may be an open sore the next day.
6. Do not try to do major repairs on brace yourself. Contact a brace shop.

Ramps, Lifts, and Elevators

Because of the difficulty inherent in overcoming barriers imposed by curbs, stairs, and upgraded areas, ramps, wheelchair lifts, and elevators are often necessary. They allow the wheelchair to maneuver curbs and sidewalks, and inside and outside steps. Unfortunately, the cost of this equipment is sometimes prohibitive, requiring assistance from a source of funding.

Reprinted from National Resource Directory, 1979, published by the National Spinal Cord Injury Foundation.

Automobile Transportation

Transportation is basic to working or going to school and is a necessity in maintaining contact with the community. For many spinal cord injured persons and people with other types of orthopedic handicaps the best means of transport is by automobile since bus, subway and rail are often inaccessible. An automobile is safe, comfortable, and usually reliable. A key to the rehabilitation of any orthopedically handicapped person is the development of transportation options which meet his/her needs.

Motor Vehicle Operation

Driver Evaluation and Training

According to the level of injury, nearly all spinal cord injured persons can drive their own automobiles and vans. People with good upper extremities can drive a hand controlled vehicle with ease and safety. Those with limited use of their upper extremities can also be good drivers due to assistive devices and the many power assists in today's motor vehicles.

When traveling by automobile, be sure you are comfortable and secure in the driver's seat; it is important to take frequent stops for weight shifts. Bring a supply of food, fruit, water, or some kind of liquid, and be sure to have an emergency medical supply available. A CB radio is advisable, as well as a sheepskin to avoid skin problems.

Several states provide comprehensive screening and evaluation procedures for the severly disabled, while others require clearance through the Medical Affairs Bureau of the Registry of Motor Vehicles. If an evaluation is required, it will assess motor function, strength, range of motion, vision, and perception.

Many schools offer driver training in vehicles with hand controls and/or appropriate equipment. A doctor's statement is usually needed prior to initiating lessons. In most cases, a specially trained driving instructor is able to determine the appropriate adaptations needed. Fees generally range from $10.00 to $16.00 per hour with the number of lessons needed depending upon the skills and proficiency of the handicapped driver.

Licensing

In most states persons who become disabled must be cleared through a Medical Affairs Bureau or Medical Advisory Committee to renew a driver's license. A letter from a physician specifying the disabling condition is required. To obtain a license, apply at your local motor vehicles office or Medical Affairs Bureau. At the discretion of the Examiners, you may be asked to demonstrate your ability to use your adaptive equipment to pass the driving test. Your license will be endorsed describing the equipment you need.

Plates and Privileges

Handicapped plates can be obtained upon physician verification that a significant disability exists. These plates give the handicapped person the privilege of unlimited parking time at meters and in places specially designated for the handicapped, but not in a "No Parking" zone, such as a fire hydrant, bus stop, loading zine, etc. Contact the Motor Vehicle Department in your area for further details.

Hand Controls

There is wide variety of adaptive driving equipment on the market with many differences in safety, reliability, design, and price. The type of equipment needed is based on the strengths of the driver. Since each person has unique requirements, it is extremely important to obtain the correct equipment. Seek expert advice from people with experience in the field of handicapped driving before purchasing equipment. There is no economy in cheap adaptive equipment. It is not safe. The three main types of hand controls are listed below.

Push-Pull (push for brake, pull for gas). Disadvantage: Can either accelerate or brake but not both simultaneously, which is needed for a hill stop.
Requires a functional grip.

Push and Twist (push for brake, twist to accelerate). Advantage: Can accelerate and brake simultaneously.
Disadvantage: Handicapped persons without rotation at wrist or good grasp cannot use this.

Push and Right Angle (push for brake, accelerate at right angle).
Advantage: Any handicapped person needing hand controls can use it. Most sophisticated.
Disadvantage: Hardest of all three to learn.

Guidelines on Buying an Automobile

The following guidelines are recommended when purchasing a vehicle: 2-door sedan for wheelchair user (wider doors, no center post); service available in most towns (since spinal cord injured persons don't hitchhike well!); American made (i.e., Chevrolet, Ford and Plymouth); intermediate or standand size; suitable price; automatic transmission; comfortable; maximum visibility from driver's seat; power brakes, steering, window and locks (especially for severely disabled persons); good safety harness;

adjustable split seat; enough room between back of front seat, when seat is forward to permit wheelchair to enter when folded, and enough space between back of front seat when it is all the way back to contain wheelchair in transit; seat height approximately same height as wheelchair seat to make transfer easier; side and rear view mirrors; dimmer switch on dashboard or steering wheel; hand controls; swing away or removable headrests to permit throwing left arm over back of seat to load wheelchair; hand operated emergency brake; hand operated windshield washer.

It is important to determine how the vehicle will be used. Examples: air conditioning for desert; V8 for mountains; front wheel drive for snow and mud; adaptive equipment located so it will not interfere with the operation of the car by non-handicapped person.

Funding Sources

Funding Sources for Training and Equipment

The Vocational Rehabilitation Commission will often pay for driver training evaluations, lessons and adaptive equipment when the driver is eligible for Vocational Rehabilitation services and when the need is related to vocational objectives, i.e., vocational training, school, or work. Apply to your local Vocational Rehabilitation Office. Some private insurance companies will also pay for evaulations, training, and adaptive equipment.

Funding Sources for Automobiles or Vans

Until there is totally accessible public transportation, the need for an automobile or a specially equipped van is an essential part of one's total remergence into society. For most people, this can be another unforseen financial burden, with no light at the end of the tunnel. The purpose here is to suggest some innovative ideas that have been passed on to us by people who have been assisted, in whole or in part, with the financing of an automobile or van.

To raise money, try contacting:

1. Local Women's Clubs, Jaycee's, B'nai Brith, Knight's of Columbus, church groups.

2. Charity Foundations: Ford Foundation; Carnegie Foundation, and other funding programs (get names from the library).

3. Arrange with family, friends or neighbors to have a block party to raise money. Police or town officials can be of help with this.

4. Most important is to get your own creative juices going to raise the needed capital, and don't give up!

Reprinted from National Resource Directory, 1979, published by the National Spinal Cord Injury Foundation.

Resources and Information for Disabled Drivers

DISABLED DRIVERS - ASSISTIVE DEVICES, 3/4" videotape, 21 minutes, 1979. Available from: Institute of Rehabilitation Medicine, New York, NY.

This tape is for driving trainers and disabled drivers. It demonstrates the various assistive devices used in transfer, braking and accelerating automobiles.

DRIVING FOR THE PHYSICALLY HANDICAPPED. Available from: Department of Occupational Therapy, Rancho Los Amigos Hospital, 7601 E. Imperial Highway, Downey, CA 90242.

HAND CONTROLLED CAR RENTAL. Avis, Hertz and National car rental agencies have hand-controlled cars available in many major cities. At least two weeks notice should be given to ensure availability. According to the National Spinal Cord Injury Foundation's National Resource Directory, reservations should not be made through local agents. Call the company's national or regional office. These numbers are listed in the Yellow Pages of most telephone books.

THE HANDICAPPED DRIVER'S MOBILITY GUIDE. Available from: American Automobile Association (AAA).

The Guide lists 500 transportation services for disabled drivers, driving schools in U.S. prepared to work with handicapped drivers, and manufacturers of special adaptive equipment.

SOURCES FOR ADAPTIVE EQUIPMENT AND VEHICLES. Manufacturers of hand controls and dealers for specially equipped vans and buses are listed in the National Resource Directory, 1979, published by the National Spinal Cord Injury Foundation, 369 Elliot Street, Newton Upper Falls, MA 02164.

Dog Guide Schools

The following schools are involved in training guide dogs and training blind individuals in the skills needed to use a guide dog. Write for further information about cost and application procedures.

Eye Dog Foundation for the Blind
408 South Spring Street
Los Angeles, CA 90013

Eye of the Pacific Guide Dogs
3008 Kalei Road
Honolulu, HI 96814

Guide Dog Foundation for the Blind
109-19 72nd Avenue
Forest Hills, NY 11375
(212) 263-4885

Guide Dogs for the Blind
P.O. Box 1200
San Rafael, CA 94902

Guiding Eyes for the Blind
106 East 41st Street
New York, NY 10017

International Guiding Eyes
5431-35 Denny Avenue
North Hollywood, CA 91603

Leader Dogs for the Blind
1039 Rochester Road
Rochester, MI 48063

Pilot Dogs
625 West Town Street
Columbus, OH 43215

The Seeing Eye
P.O. Box 375
Morristown, NJ 07960

Title Handbook on Tactile Signs and Location Cues for the Blind and Visually Impaired

Subject VI Mobility

Author Dialogue with the Blind

Date 1979

Description

booklet,
16 pages

Annotation

As the subtitle indicates, this booklet is "A Common-Sense Guide for Those Who Need to Know About Federal Law 504 As It Relates to the Visually Handicapped." It describes options for the use of tactile signage available from Touch-Know Division of Dimensional Graphics, Inc.

Cost

Publisher

Dialogue with the Blind, 3100 Oak Park
Avenue, Berwyn, IL 60402

Additional Information

TOUCH-KNOW Division of Dimensional
Graphics, Inc., 222 W. Huron Street,
Chicago, IL 60610 (312) 787-5658

Title How Does a Blind Person Get Around?

Subject VI Mobility

Author

Date

Description

booklet,
20 pages

Annotation

The booklet discusses orientation and mobility training of blind people through use of alternate senses and travel aids. These include sighted guide, dog guide, and a variety of models of canes.

Pertains to Competency 9, Getting Around the Community

Cost

Publisher

American Foundation for the Blind, Inc., 15
West 16th Street, New York, NY 10011

Additional Information

Item Mobility Aids from Telesensory System, Inc.	Category VI Mobility

Description

This company produces the following devices to facilitate communication for visually impaired people:

MONWAL SENSOR - hand-held electronic clear path indicator and orientation aid which vibrates in hand when pointing at objects within range, maximum range of 13 feet.

SONIGUIDE - a device resembling spectacles which uses ultrasound to detect.

Pertains to Competency, Getting Around the Community.

Address

Telesensory Systems, Inc., 3408 Hillview
Avenue, P.O. Box 10099, Palo Alto, CA
94304

Phone (415) 493-2626

Additional Information

Item Sources for Tactile Signs for Visually Handicapped People	Category VI Mobility

Description

Tactile signs use raised lettering (sometimes in combination with braille) to provide information about the environment to blind and visually impaired people. These tactile signs provide location cues (e.g. room numbers, floor selector buttons for elevators) that increase mobility for visually impaired people. Tactile signs can be obtained from:

TOUCH-KNOW Division, Dimensional Graphics, Inc., 222 West Huron Street, Chicago, IL 60610 (312) 787-5658

Seton Name Plate Corporation, 592 Boulevard, New Haven, CT 06565 (203) 772-2520

American Hotel Register Co., 2775 Shermer Road, Northbrook, IL 60062 (312) 654-4000

Address

Phone

Additional Information

CHAPTER 15

Personal Hygiene And Grooming

This chapter encompasses the competencies of buying and preparing food, in addition to buying and caring for clothing. The former relates to the purchase, preparation, and consumption of food. The role of food as both a necessary substance for life and reward for behavior places an additional responsibility on counselors who must develop a disabled individual's ability in distinguishing between the two. Subcompetencies in this area include: demonstrating eating skills, planning proper meals, purchasing food, preparing meals, cleaning up and storing food.

References

Brolin, D. E. and Kokaska, C. J. Career Education for Handicapped Children and Youth. Columbus, Ohio: Charles E. Merrill Publishing Company, 1979.

Subcompetencies in the area of buying and caring for clothing include: washing clothing, ironing and storing clothing, performing simple mending and purchasing clothing. The following article on "Clothing Needs Of The Elderly and Handicapped" elucidates on the needs and consideration in this domain:

Clothing Needs of the Elderly and Handicapped

Being well dressed and comfortable gives everyone a psychological lift. The elderly and handicapped may have special clothing needs. This group can have mobility limitations and tend to lose the ability to grasp and manipulate small parts. Thinning and drying skin is another problem.

Desirable clothing features include comfort, ease of dressing and undressing, easy-care fabrics, becoming styles and attractive colors.

Garments should have generous openings and fasteners which are easy to see, reach, grasp and use. Front fasteners are preferred. Where dexterity is a problem, a decorative trim can be attached to zipper pulls. Or, large flat buttons sewn with a thread shank so they stand away from the fabric. Snaps and hooks and eyes are generally more difficult to handle. Woven nylon strips that adhere when pressed together are useful.

Semi-fitted waistlines and gently elasticized waists are comfortable. Pockets are convenient for carrying tissues, coins, etc. Avoid high, close-fitting necklines and tight sleeves. If a person uses crutches, choose sleeves that are cut high in the underarm.

Other considerations are wrap-around styles in slips and skirts which provide extra width over the hips and greater convenience in toileting. Skirts should be full but not drag on the floor while a person is sitting in a chair, wheelchair, or using crutches. A side zipper on pants for women, that opens all the way down the leg is convenient. Lines pants prevent wear, if braces are used. Shorter lenghts will not catch under crutches.

The type of fabric and how a garment is made influence wearability as well as style. Choose soft, non-irritating and non-binding fabrics. Rough textures and heavy fabrics are often annoying to the older person and can irritate dry skin. Check for seams with adequate seam allowance and small, even stitches. Consider reinforcing areas of strain. For washable garments, the Soap and Detergent Association advises checking for easy-care characteristics. Look for wrinkle resistant and no-iron features.

If there is a lack of styles, sizes and convenience features in ready-to-wear to accommodate the elderly or handicapped, a homesewer can perhaps stitch up simple, easy-care attire and adjust a garment's features to suit an individual's needs.

Reprinted from the October 1979 issue of Cleanliness Facts, a bulletin published by the Soap and Detergent Association.

Title **Handbook of Care for Paraplegic and Quadriplegic Individuals**

Subject **OH Pers Hygiene**

Author **Krenzel, J. & Rohrer, L.**

Date

Description

Annotation

Cost

$2.00

Publisher

National Spinal Cord Injury Foundation
367 Elliot Street, Newton Upper Falls,
MA 02164

Additional Information

Item **National Foundation of Dentistry for the Handicapped**

Category **HG**
Pers Hygiene

Description

This foundation works to improve the dental delivery system for disabled and elderly populations. It serves as a source of information for dentists, hospitals, and other institutions which serve disabled and elderly people. The organization will answer telephone and mail inquiries on dental services for disabled people, provide print and audiovisual material, identify dental offices and clinics that provide services to disabled people, and make referrals to other organizations. There are no fees, except for film rentals of audiovisual materials.

Pertains to Competency 3, Caring for Personal Needs

Address

National Foundation of Dentistry for
the Handicapped, 1121 Broadway, Suite 5,
Boulder, CO 80302

Phone

Additional Information

Title First Impressions

Subject HG Grooming

Author

Date

Description

multimedia

Annotation

The staff manual for this multimedia program, is designed to provide information about common employer standards of dress and personal appearance. Areas include personal appearance for job interview, clothing care, laundry, ironing, dry-cleaning, hair care, diet, and use of make-up.

Pertains to competencies in the Daily Living domain.

Cost

Publisher

Multi Resource Centers, Inc., Center for Training and Development, 1900 Chicago Ave., Minneapolis, MN 55404

Additional Information

Item Shoe and Glove Exchanges for People with Amputations

Category OH Grooming

Description

Amputee Shoe and Glove Exchange was founded in 1959 to provide free information to facilitate exchange of shoes and gloves between people with amputations. The exchange serves men and women of all ages. The exchange attempts to match the names of people who are about the same age and have similar tastes. The actual mailings of gloves or shoes are conducted by the people matched by the exchange.

Ruth Rubin Feldman National Odd Shoe Exchange was founded in 1944 to bring together persons with shoe problems because of disease or amputation. The exchange supplies names of people of similar age and tastes in shoe style who are seeking someone with whom to exchange extra or odd shoes. People then make their own arrangements for exchange.

Address

Amputee Shoe and Glove Exchange, 1635
Warwickshire Drive, Houston, TX 77077

Phone

Additional Information

Ruth Rubin Feldman National Odd Shoe
Exchange, 3100 Neilson Way - 220, Santa
Monica, CA 904055

Title Step-By-Step Dressing

Subject MR Grooming

Author Henderson, Shirley and McDonald, Mary

Date

Description

Annotation

The trainer who is faced with teaching dressing skills to retarded individuals will be pleased with this comprehensive reference work. Approximately half of the book describes dressing techniques with sections on dressing, undressing, and clothing types. Testing and progress charts are detailed but easily understood and graded. Chapters: Developmental Levels in Dressing; Techniques for Teaching; Gathering Information; Planning; Teaching; Clothing Recommendations; and Bibliography. (source: Edmark Catalog)

Pertains to competencies in the Daily Living domain.

Cost

Publisher

Edmark Associates, P.O. Box 3903,
Bellevue, Washington 98009

Additional Information

Title Project MORE

Subject MR Grooming

Author

Date

Description

Annotation

The program's five sections contain step-by-step instructions for the following skills: eating, hand washing, toothbrushing, nose blowing, complexion care, hair washing, use of deodorant, feminine hygiene, hair rolling, care of eyeglasses.

Pertains to Competency 3, Caring for Personal Needs.

Cost

Publisher

Hubbard Scientific Company, P.O. Box 104,
Northbrook, IL 60062

Additional Information

Sewing Techniques and Resources to Aid Visually Impaired People

FINGERTIP PATTERNS. Available from: Fingertip Patterns, 155 N. Bellaire Avenue, Louisville, KY 40206. This is a catalog of patterns which are made of heavy brown paper with raised lines to show grain, darts, etc. The instructions are in Braille.

SEWING TECHNIQUES FOR THE BLIND GIRL. Jones, S. Available from: American Printing House for the Blind, 1839 Frankfort Avenue, P.O. Box 6085, Louisville, KY 40206. This resource provides information about sewing supplies, beginning sewing, patterns, construction and fitting.

SO WHAT ABOUT SEWING. Available from: Catholic Guild for the Visually Impaired, 180 N. Michigan Avenue, Chicago, IL 60601. This text describes techniques for sewing by hand and machine. It also provides directions for making and following patterns.

CHAPTER 16

Sexuality

"Sexuality can be defined as the integration of physical, emotional, intellectual and social aspects of an individual's personality which express maleness or femaleness" (Chipouras, 1979, p. 1). Sexuality is intertwined with every person's self-concept and self-image, yet mention of the sexuality of disabled persons often gives rise to uncomfortable, if not negative, reactions. Prejudice and suppression have served to deprive many disabled people of successful sexual existence that meets needs for physical satisfaction, acceptance, tenderness and sharing with a loved one (Dunham, 1978). As Dunham (1978) states:

> One of the greatest obstacles to achievement of these enriching relationships is the idea that the disabled are not sexual beings, that they are of neuter gender. Myths of nonsexuality surround spastic, blind, deaf, paraplegic, and retarded individuals, just as they are imposed upon children and the elderly. Too often these myths have the effect of denying the disabled the very foundations on which social-sexual life is built -- early experiences with the opposite sex, masturbation without guilt, basic information on the "facts of life," and the privacy that is necessary if romantic attachment is to develop. (pp. 28-29)

Chipouras, Cornelius, Daniels and Makas (1979) outline the varied reactions of non-disabled persons to the sexual concerns of disabled individuals:

1. Disbelief: "She couldn't be interested in sex -- she's blind." This statement represents the complete inability to recognize a disabled person as a sexual being. Instead, the disability is seen as the overriding characteristic.

2. Revulsion/Disgust: "Oh! That's perverted." Disability may be seen as perversion of "normal," or sexuality may be seen as "dirty," in which case a disabled person involved in sexual activity is seen as doubly disgusting.

3. Active Suppression: "That kind of thing is just not allowed here." Active suppression of sexual behavior or discussion can be achieved in a number of ways: segregation of the sexes in institutions, punishment for being "caught" in any form of sexual activity, allowing no privacy in bathrooms and/or bedrooms.

4. Avoidance: "If we don't discuss it, nothing will happen." Institution staff members, parents, and medical or rehabilitation personnel sometimes choose to believe that sexuality will remain latent so long as it is not mentioned. Results of this inevitably unsuccessful avoidance

may be fear, confusion, unwanted pregnancy, venereal disease, inappropriate behavior or sexual exploitation. "It's not my job" is a frequent rationale used by many professionals who declare that sexuality is not related to "rehabilitation goals." As a result, the disabled individual may work with many professionals but never receive services in this area. "It's a private matter." Dressing or bladder control are also private matters but are considered appropriate topics of discussion in a medical or rehabilitation setting. This form of reluctance often stems from the professional's discomfort rather than from concerns for privacy.

5. Resigned Tolerance: "Don't like it, but I guess there's not much we can do." Although there are no active attemps to stop sexual activity, such statements mask the attitude that sexual expression by disabled people is not socially acceptable.

6. Acceptance: "It's OK." People who express this acceptance usually perceive similarities between disabled and nondisabled people as being greater than differences. If sexuality is normal for nondisabled people, then it's normal for disabled people.

7. Active Encouragement: "It's OK and we need to improve the situation." This attitude reflects not only acceptance but a desire to increase opportunities for the sexual fulfillment of disabled persons through constructive intervention. Examples include: setting up sex education programs, referring a client to Planned Parenthood, showing a film concerned with sexuality of disabled people.

Chipouras et al. (1979) also propose that disabled people as well nondisabled people have the following sexual rights and responsibilities: the right to sexual expression, to privacy, to be informed, to have access to needed services, to choose marital status, to have or not have children, to make decisions affecting one's life and to develop to one's fullest potential.

In light of these rights and responsibilities, needs for various services must be met. Disabled people need training in social and interpersonal skills. Information on general sex education as well as information pertaining to sex and disability must be available to disabled people and the professionals working with them. Sex therapy, genetic counseling and contraceptive counseling are needed as well as obstetric, gynecological and urological care. Public and professional awareness, attitudinal and architectural accessibility, and awareness of service availability are key factors in improving the outlook for the sexual adjustment of disabled people.

References

Chipouras, S., Cornelius, D., Daniels, S.M., and Makas, E. Who cares? A handbook on sex education and counseling services for disabled people. Washington, D.C.: The Sex and Disability Project, 1979.

Dunham, D. S. Social-sexual relationships. In R.M. Goldenson (Ed.), Disability and rehabilitation handbook. New York: McGraw Hill, 1978.

Title Within Reach: Providing Family Planning Services to Physically Disabled Women

Subject HG Sexuality

Author Task Force on Concerns of Physically Disabled Women

Date 1978

Description

Annotation

This excellent, well-illustrated book presents information to increase awareness of concerns regarding family planning. Directed at health care professionals, the book illustrates barrier-free access to health care services (both architecturally and attitudinally), medical aspects of female sexuality and disability, and legislation regarding the provision of services. (source: "Selected Annotated Bibliography on Sexuality and Disability", 1975-77)

Cost

Publisher

Human Sciences Press, New York, NY

Additional Information

Title Who Cares? A Handbook on Sex Education and Counseling Services For Disabled People

Subject HG Sexuality

Author Daniels, S. M. et al.

Date 1979

Description

234 pages, softbound manual

Annotation

This comprehensive handbook includes specific sections for disabled consumers, counselors, educators, trainers & policy makers, and listings of people and places that have information on sexuality and disability. The handbook also includes reviews of the literature concerning sexual aspects of hearing impairment, visual impairment, cerebral palsy, spinal cord injury and mental retardation. It provides information and research findings in the areas of sexuality services, training for service providers (medical personnel, social workers, clergy, psychologists, counselors, sex therapists and others), and consumer information.

Cost

$10.00

Publisher

Sex and Disability Project, George Washington University, Washington, D.C.

Additional Information Available from:

Regional Rehabilitation Research Institute on Attitudinal, Legal, & Leisure Barriers
George Washington University, 1828 L St., N.W. - Suite 704, Washington, D.C. 20036
Phone: (202) 676-6377

Item Sexuality and Disability

Category HG Sexuality

Description

This journal provides an ongoing and contemporary forum for clinical and research developments in the area of sexuality as it relates to a wide range of disabling conditions. The articles include reports of clinical practice and developments in special programs in sex education and counseling for disabled people.

Address

Human Sciences Press, 72 5th Avenue,
New York, NY 10011

Phone

Additional Information

Title Sexual Health Care Services For the Disabled

Subject HG Sexuality

Author Daniels, Susan

Date 1977

Description

Annotation

This article presents an argument for the necessity of the development of a model for the delivery of sexual health care services. Gaps in existing services and suggestions for future efforts are presented.

Cost

Publisher

RRRI-ALLB, George Washington University,
1828 L Street, N.W., Suite 704, Washington,
D.C. 20036

Additional Information

Telephone: (202) 676-6377

Title Media Resource Center Bookstore Catalog

Subject HG Sexuality

Author

Date 1979

Description catalog

Annotation

The catalog lists a number of resources related to sexuality and the physically and mentally disabled. Some resources are geared toward parents. Prices are included with the publications' list.

Cost free

Publisher

Media Resource Center, 1525 Franklin Street,
San Francisco, CA 94109

Additional Information

Telephone: (415) 673-5100

Title A Brief Consumer's Guide to Sexuality and the Disabled Woman

Subject HG Sexuality

Author

Date 1977

Description

Annotation

Cost $2.00

Publisher

Regional Rehabilitation Research Institute
on Attitudinal, Legal, and Leisure Barriers,
George Washington University, 1828 L Street,
N.W., Suite 704, Washington, D.C. 20036

Additional Information

Title Like Other People

Subject CP Sexuality
AV

Author

Date

Description

16 mm film, sound,
color
37 minutes

Annotation

The film addresses the fact that handicapped individuals are people who have handicaps—not a separate species from whom desire for affection, privacy, and sexual satisfaction have been magically removed. Margaret and Will are lovers with much more in common than cerebral palsy. Margaret, a lively and appealing young woman, speaks about her experience with Will and the frustrations and pleasures it involves; the prejudice which affects their lives and those of other disabled people they know; and of their relationship with parents and others. (source: Disability Attitudes: A Film Index)

Cost

Rental: $25.00
Purchase: $375.00

Publisher

Perennial Education, Inc., 1825 Willow
Road, P.O. Box 236, Northfield, IL 60093

Additional Information

Title Cerebral Palsy and Sexuality

Subject CP Sexuality

Author L skey, N. and Stevens, P.

Date 1978

Description

Annotation

The publication presents case studies of persons having cerebral palsy including two single men, two single women, and married couples with and without children. The booklet provides information about cerebral's palsy's effect on sexuality. An extensive bibliography is also provided.

Cost $2.00

Publisher

Handicapped Student Services, Cedar and
Shaw Avenue, Fresno, CA 93740

Additional Information

Title Signs of Sexual Behavior: An Introduction to Some Sex-Related Vocabulary in American Sign Language

Subject HI Sexuality

Author Woodward, James

Date 1979

Description

Annotation

This resource presents different signs having sexual connotations. These are presented as they are used in different regions of the country. Variations in meaning are also explained. This resource can be useful for counselors and medical personnel working with the sexual concerns of hearing impaired persons.

Cost

$5.95

Publisher

T. J. Publishers, Inc., 817 Silver Spring Avenue, Suite 305, Silver Spring, MD 20910

Additional Information

Voice and TTY (301) 585-4440

Title Sexual Options for Paraplegics and Quadriplegics

Subject OH Sexuality

Author Mooney, T. D., Cole, T. M. &
Childgren, R. A.

Date 1975

Description book

Annotation

This book emphasizes positive sexual concepts for paraplegic and quadraplegic individuals and their partners. In addition, the book answers questions frequently asked about the disabled person's sexual capabilities - questions by both disabled and non-disabled persons. Photographs are used for illustration.

Cost $7.95

Publisher

Little, Brown & Company, 34 Beacon Street,
Boston, MA 02108

Additional Information

Title Toward Intimacy: Family Planning and Sexuality Concerns of Physically Disabled Women

Subject OH Sexuality

Author

Date 1977

Description booklet

Annotation

This booklet, written by two disabled and two non-disabled women, is geared for disabled women and those with whom they interact. The authors interviewed over 50 women with disabilities to gain information about how they feel about their sexuality and relationships with others. The booklet speaks about body image, relationship with partners, relationship to the health care system, family planning, and relationships with parents and self. A section is also devoted to the pros and cons of certain contraceptive devices for different types of disability.

Cost

Publisher

Additional Information Available from:

Task Force on Concerns of Physically
Disabled Women, Planned Parenthood of
Snohomish County, 2730 Hoyt, Everett,
Washington

Title Active Partners

Subject OH Sexuality AV

Author

Date

Description

18 minute film

Annotation

Film describes and demonstrates the sexual activity possible for a male quadriplegic, C-5 and C-6 injury, with a non-disabled partner.

Cost

Publisher

Additional Information Available from:

Multi-Media Resource Center, 1525 Franklin Street, San Francisco, CA 94109

Title Some Other Time

Subject OH Sexuality AV

Author

Date

Description

16 mm, color
27 minutes

Annotation

The film dramatizes the story of a young man, Rob, who after his initial depression upon discovering he has multiple sclerosis, must come to terms with his disease and the discipline required to cope with it. He is assisted in this adaptation through his friendship with Sarah, a woman his own age similarly stricken, who is a volunteer in the Canadian Multiple Sclerosis Society. The incipient love affair makes discussions of sexuality and procreation credible and stresses the possibility of living a pleasant life in which mutual caring plays a larger role than it may for the non-handicapped. Throughout the general plot of boy meets girl, there are tours of the facilities for rehabilitation, research and socializing. (source: Disability Attitudes: A Film Index)

Cost

Rental: $25.00
Purchase: $160.00

Publisher

(Purchase) National Multiple Sclerosis Society, 205 42nd Street, New York, NY 10017

Additional Information

Rent from International Rehabilitation, Film Review Library, 20 West 40th Street, New York, NY 10018 (212) 869-0460

PART III

PERSONAL-SOCIAL SKILLS

CHAPTER 17

Personal-Social/General Information

The Personal-Social area encompasses those abilities that are necessary for personal achievement and satisfactory interpersonal relationships. One may say that the Daily Living Skills form the structure to the individual's abilities, while the Personal-Social Skills are the muscle and blood that propel him toward fulfillment. This sense of achievement and fulfillment is the very basis for determing the quality of life. In other words, we cannot judge the handicapped individual's potential for successful, independent living merely on the basis of academic grades or competency scales. We must also add the interactions with other people. These thoughts often determine the manner in which other skills will be used and toward what goals.

Competencies that are discussed in this part include: achieving self-awareness, acquiring self-confidence, achieving skills, achieving independence, achieving problem-solving skills and communicating adequately with others. The issues revolved around personal-social aspects are specific to a given disability group. Therefore, we have written sections in this chapter that differentiate the problems that one might expect a handicapped individual to encounter, while he or she is attempting to actualize personal needs.

References

Brolin, D. E. and Kokaska, C. J. Career Education for Handicapped Children and Youth. Columbus, Ohio: Charles E. Merrill Publishing Company, 1969.

Title Physical Disability - A Psychological Approach

Subject HG Pers-Soc

Author Wright, B.A.

Date 1960

Description
408 pages, hardback book

Annotation

This book is designed for professionals who deal with the behavior and adjustment of disabled persons. It is considered to be a classic work in the area of psychological factors related to disability.

Cost

Publisher
Harper & Row, 49 East 33rd Street, New York, NY

Additional Information

Item Personal Achievement Skills Training

Category HG Pers-Soc

Description

PAS Training is a "personal growth" program comprised of a series of exercises, activities, and lessons emphasizing the following skills: communication, self-examination, value clarification, goal definition, problem exploration, and program development. The PAS is designed for use with small groups. Materials include an instructor's manual, participant manual, and evaluation guidelines. Cost is $9.50 for the set of materials.

Pertains to competencies in the Personal-Social domain.

Address
Arkansas Rehabilitation Research and
Training Center, Hot Springs Rehabilitation Center, University of Arkansas,
Hot Springs, Arkansas 71901

Phone (501) 624-4411

Additional Information

Title Accent on Personality Series

Subject HG Pers-Soc

Author
Dare, B. & Wolfe, E.

Date

Description
booklets

Annotation
These easy to read booklets enable students to understand themselves better. The series is designed to teach social skills and encourage the values and attitudes needed in our society. Reading, writing, speaking and discussion skills are provided through structured activities. Reading levels 3-4.

#1965 YOU AND THEY ($1.50)
#1970 YOU ARE HEREDITY AND ENVIRONMENT ($1.50)
#1971 Instructor's Book ($1.77)
#1975 TAKING STOCK ($1.50)
#1976 Instructor's Book ($1.77)
#1980 YOU AND YOUR NEEDS ($1.50)

Pertains to competencies in the Occupational Guidance and Preparation domain

Cost.
costs are listed in annotation

Publisher
Follett Publishing Co., 1010 West Washington Boulevard, Chicago, IL 60607

Additional Information

Title Family Development Series, Revised

Subject HG Pers-Soc

Author

Date

Description
Workbook

Cross Reference:
HG Daily Liv

Annotation Adapted from materials produced by the RFD Project at the U. of Wisconsin, the series is an adult study program which teaches useful life-coping skills and develops decision-making ability. Each book focuses on a particular area of personal, family or community living and introduces practical situations that might be encountered in everyday life. The series can be used in a variety of learning situations. Level, grades 4-6.

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Pertains to Competencies in the Daily Living and Personal-Social domains.

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Personal-Social Aspects

Self-Concept/Awareness and Cerebral Palsy

The self-concept of the cerebral palsied person can be affected by a variety of factors, both genetic and environmental. The brain damage that produces the motor symptoms of cerebral palsy can, in some cases, also cause mental retardation and sensory-perceptual disorders which carry their own limitations for development. The possible combination of these physical elements with learned behavior patterns and attitudes can form a self-concept characterized by inadequacy and failure (Boone, 1972). These effects on the development of self-concept that begin in infancy and childhood can have implications throughout the lifetime.

The motor disability ranging from slight to severe, which characterizes cerebral palsy, has a corresponding effect of the child's self-concept development. In the most serious cases of physical involvement, body awareness and sense of self may be distorted because the individual stays in a constant prone position (Oswin, 1967). Because of this, the various physical and spatial relations to other people and objects in the environment that help define the sense of self are limited. Similarly, lack of ability to explore the environment through crawling, grasping, and sucking hinders the process of growing familiar and secure in a strange world. Some babies with cerebral palsy also have problems in sucking, feeding, and swallowing. This can create difficulty in the very important early mother-child interactions where feeding usually establishes a close emotional bond communicating satisfaction and safety to the infant. The resulting feelings of insecurity in the child can be compounded if the mother's handling during dressing and carrying is characterized by anxiety in response to the child's physical impairment.

Part of the self-concept is formed through adoption of the attitudes of important others. Thus, for a handicapped child, the parents' attitudes toward the disability are of crucial importance. Miller (1950) suggests that sometimes because of parental attitudes, there is an inverse relationship between degree of severity of cerebral palsy and degree of adjustment problems for the individual. If the extent of impairment is great and the limitations unequivocal, parents can more easily establish a realistic set of attitudes and expectations allowing love and acceptance to be gained by the individual. However, the less severe the physical involvement the easier it becomes for parents to make their love and approval conditional upon achievements that can be expected from physically normal offspring. In this situation, the person is faced with striving for achievements that are often beyond physical capacity, as well as the parents' disappointment. Both can combine to result in a sense of inadequacy and failure. Therefore, early and continued interaction with parents and family members who provide appropriate, attainable goals is essential for facilitating the maximum degree of confidence and security that comes with mastery (Boone, 1972).

Self-awareness, which includes realistic assessment of abilities and traits, often has been found to be limited in persons with cerebral palsy (Garrett, 1966; Cohen, 1976). Non-disabled individuals usually experience success and failure in a variety of situations that help define the upper and lower limits of their capabilities. Lacking the opportunity to participate in this process due to physical and sometimes mental impairment, people with cerebral palsy may have a distorted view of the limitations of reality. As noted in the Guidance, Counseling, and Support Services for High School Students with Physical Disabilities (1977), Strunk has found that overestimation of academic and career-related abilities can result from overcompensation for feelings of inadequacy. Without varied experience to develop a standard by which to judge personal ability, disabled persons are vulnerable to fascillation between the extreme feelings of worthlessness and grandiosity as they attempt to find their unique value as individuals.

Interpersonal Skills and Cerebral Palsy

Similar to the ways cerebral palsy affects self-concept, the limitations imposed by cerebral palsy often hinder development of inter-personal skills. Lacking experience in testing and revising ways to relate to others, the person with cerebral palsy can remain inexperienced and unprepared to deal with various social situations. The fears and attitudes of others toward cerebral palsy add to the social isolation already imposed by physical restrictions.

For the person with cerebral palsy, dysfunction in motor control may cause uncontrolled movements, drooling and speech problems. Another particularly confusing aspect is that spasticity may cause involuntary and sometimes inappropriate smiling or laughter. The cerebral palsied person's eyes may appear to wander even when the person attempts to focus. These physical manifestations may alienate others, especially when they do not understand the cause. The avoidance that may result contributes to the segregation of individuals who have cerebral palsy.

Because the physical characteristics of cerebral palsy remain unfamiliar to the general public, these aspects continue to seem strange or shocking. When the cerebral palsied person encounters reactions of shock or distaste, it further limits the person's feeling of acceptance. This is likely to reduce the number of social interactions, which, in turn, reduces opportunities to improve interpersonal skills through experience. This "vicious circle" of cause and effect is not easily broken. Some answers may be found through increased integration of cerebral palsied persons into the mainstream of schools and community and through increased public awareness and sensitivity.

References

Boone, D. R. Cerebral Palsy. New York: Bobbs-Merrill Co., 1972.

Cohen, Julian S. Vocational guidance and employment. In William C. Cruickshank (Ed.), Cerebral Palsy: A developmental disability. Syracuse: Syracuse University Press, 1976.

Garrett, James F. Realistic vocational guidance. In William C. Cruickshank (Ed.), Cerebral palsy: Its individual and community problems (Revised Edition). Syracuse: Syracuse University Press, 1966.

Guidance, Counseling, and support services for high school students with physical disabilities. Cambridge, MA: Technical Education Research Centers, 1977.

Oswin, M. Behavior problems amongst children with cerebral palsy. Bristol: John Wright & Sons Ltd., 1967.

Personal-Social Aspects

Self-Concept, Interpersonal Relations and Epilepsy

Epilepsy is sometimes considered a "hidden" disability. Unlike many other handicaps, the observable indications of its presence -- seizures -- are not continuous or predictable. Consequently, this form of impairment has a unique effect on self-concept. As Goldin and Margolin (1975) point out, the person with a neuromuscular handicap or audio-speech disorder has the opportunity to develop adaptive responses on a continuous basis. Likewise, others in the environment who provide important feedback have continuous opportunities to develop effective ways of relating to the handicapped individual. The unpredictable and uncontrollable nature of epilepsy hinders the adaptation that usually occurs under conditions of continuity and predictability. The person with epilepsy may be functioning normally one minute and be plunged into disruptive behavior or convulsions the next.

The occurrence of seizures and the threat of their occurrence can undermine the consistency of behavior that individuals strive for in self-image. More important, the loss of control during seizures and the inability to control their occurrence often result in a person's viewing himself as weak or inadequate. In this society, gaining control over one's behaviors and bodily functions is a highly valued developmental achievement. The sense of personal autonomy that results from self-control greatly enhances self-concept. Individuals can adjust more readily to handicapping conditions that limit autonomy on a consistent basis. On the other hand, because of the episodic and unpredictable nature of seizures, the epileptic person has special difficulty adjusting self-image.

Since feedback from others is incorporated in self-concept, the way others respond to epilepsy is very important. Non-handicapped persons often develop strategies for relating to a disabled individual by identifying with that individual -- by imagining what it would be like to have that impairment. With other visible handicaps, repeated exposure to observable effects reduces much of the threat that identification can produce. However, since seizures -- the only symptoms of epilepsy -- occur sporadically and may appear frightening to uninformed observers, this disability retains an aura of mystery.

Because they fear negative reactions or repercussions, some epileptic individuals are very apprehensive about disclosing their impairment. Many who choose not to disclose feel guilty about hiding their "defect." Fear of disclosing an undeniable aspect of self can adversely affect the self-concept of an epileptic individual. When an epileptic individual feels shame and anxiety about the disorder, counseling and guidance can be geared to help the person (1) accept the condition as nondevaluating (2) gradually risk disclosure to others and (3) cope with the negative reaction of others should they occur (Guidance, Counseling and

Support Services, 1977). Research findings indicate feelings of stigma begin to break down when individuals risk disclosure and discover that reactions of others are not strongly negative (Kleck, 1968). To enhance the therapeutic effect of disclosing to others, initially, these "others" should be carefully chosen.

References

Golden, G. J., and Margolin, R. J. The psychosocial aspects of epilepsy. In G. N. Wright (Ed.), Epilepsy rehabilitation. Boston: Little, Brown and Co., 1975.

Guidance, Counseling, and support services for high school students with physical disabilities. Cambridge, MA: Technical Education Research Centers, 1977.

Kleck, Robert. Self disclosure patterns among epileptics. Hanover, N. H.: Dartmouth College, 1968.

Personal-Social Aspects

Self-Concept/Self-Awareness and Hearing Impairment

Hearing impairment has varying psychological effects depending upon the time of life at which it occurs. The child who is deaf at birth will have a substantially different psychological development than the child who possesses hearing. Likewise, the adjustment of the person who loses auditory capacity through injury or disease will be different from that of someone who has never heard. These factors all result in variations in self-concept and self-awareness.

The emotional development of a congenitally deaf child (deaf from birth) can be affected from infancy by the parent's response to the disability. Parents of a deaf child do not receive feedback to verbal expressions of love and may, therefore, withdraw affectionate interest in the child. This can create an increasing gap between the parents and child, depriving the infant of the emotional contact necessary for healthy development.

A heightened dependence upon the family is often observed in the deaf child as the appropriate age is reached to form peer friendships. Even though the child has only limited communication with family members, there is little input from the outside world, making the family's influence stronger than for a hearing child.

The congenitally deaf child and the pre-linguistically deafened child (hearing loss occurring before the establishment of verbal skills) face special difficulties in psychological development because they do not have access to language. Speech and hearing develop together and the grammatical, syntactical, and logical framework provided by language is important for structuring thought processes. Without the benefit of this organizing experience, children with hearing impairment at this age are likely to have difficulty with conceptualization. Their level of conceptualization does not necessarily reflect their level of intelligence. Because of inadequate training and education, these children often grow into adulthood with limited awareness of the complexity of themselves and the world around them. Similarly, Myklebust (1964) maintains that hearing provides a primary way of monitoring one's own thoughts and feelings and comparing oneself to others. Therefore, when this monitoring does not exist, the individual is more isolated and naturally may become more detached. Previously many of these persons were incorrectly diagnosed as mentally retarded.

The group of people who suffer severe hearing loss later in life is relatively small. The adaptation of self-concept to hearing impairment that occurs after the achievement of language skills is far different from the developmental process involved with hearing imparment that is congenital or pre-linguistic. Once the person has assimilated the rules of language that affect the organization of logical thought, hearing loss is more a matter of emotional adjustment rather than developmental process. An important component of this emotional adjustment involves reaction to the loss of the auditory background of daily living (Ramsdell, 1970). Without this auditory connection with the world — vague echoes of people talking in the other room, the distant sound of traffic -- the person may feel as though the world is dead and feelings of depression may result. These feelings may be alleviated if the person is made aware of the cause.

Bolton, Cull and Hardy (1974) suggest that three major factors operate in the adjustment process which affects the self-concept of the hearing impaired person. The first factor involves the degree to which the disability limits the person physically or requires change in behavior. The ease of adjustment will be determined by the individual's lifestyle before loss of hearing. For example, a music lover will need to make a much greater change in lifestyle due to deafness than someone whose activities do not call for so much reliance upon hearing. The second factor involves the individual's previous attitudes toward his or her particular type of disability. The more positive the attitude toward hearing impaired persons before personal loss, the better the adjustment will be. Also, the amount of information the person has about the disability and the amount of time over which the hearing loss takes place will influence the degree to which a person will successfully adjust. Knowledge of simple, straightforward facts and a slow onset of loss are the best conditions to facilitate acceptance of this disability. The last major factor involves an individual's view of his or her body and its functions. This will affect the meaning attached to a hearing loss. Some people, more than others, will interpret hearing loss as a personal insult to their bodies, compounding the adjustment process already made difficult by new physical limitations.

Interpersonal Skills and Hearing Impairment

The interpersonal skills mastered by the hearing impaired person are likely to be related to the time of onset and severity of the disability. Individuals who are congenitally or pre-linguistically deaf often face the problems associated with overprotective families and lack of experience in the wider world. Also, people with this handicap tend to relate on a much more concrete, rather than abstract, level because they lack the conceptual complexity that comes with "normal" language development.

Individuals who experience hearing loss later in life will have previously developed interpersonal skills, but must modify them considerably due to their disability. This modification of interpersonal skills can cause a good deal of emotional frustration and behavioral problems if the person unduly equates the disability with social stigma.

Cutler (1974) maintains that the degree to which hearing impaired persons seek contact with others who share their disability or with those who hear depends upon the nature of the individual's impairment. If an individual is totally deaf and unable to speak, or speaks poorly, Cutler asserts that this person will tend to affilliate with those who share this level of impairment. These individuals use mostly manual communication; even when speech is possible, it is seldom used. Cutler proposes that those who are deafened, hard of hearing, or deaf, yet possess deaf speech (articulated sound learned even though no hearing has ever been experienced) will seek more involvement with the hearing world, depending upon the degree to which they feel comfortable using amplification devices or lipreading. Whether Cutler's assertions are accurate or merely anecdotal, the major factor in interpersonal skills appears to be whether the mode of communication can be managed comfortably. Some people choose not to use amplification devices or manual signing and rely only on lip reading. Others utilize only manual signing. The choice of mode of communication, which largely determines the nature of interpersonal experience, seems to be an individual matter that reflects at least to some extent, how the hearing impairment has been integrated into the person's self-concept.

Ramsdell (1970) suggests that when hearing loss is involved, the most realistic factor in facilitating honest, straightforward interactions is to acknowledge the impairment openly and deal with any limitations accordingly. No one gains by denying the presence of this disability and its effects on interactions. Hearing persons can, however, facilitate their being understood by enunciating clearly and maintaining face-to-face contact. These simple actions allow visual cues to be followed more easily.

Communication and Hearing Impairment

Hearing impairment reduces a person's ability to utilize the medium of sound to carry messages and information about events in the environment. Hearing impairment's effect on the active ability to use spoken words depends upon the extent of loss. Hearing has an important function in monitoring voice quality and magnitude. A minor impairment in hearing frequently results in a person's speaking louder than a situation requires because he or she does not have the auditory feedback necessary to modulate voice level. More severe loss of this monitoring function can cause the deterioration of speech. In addition, it may be particularly difficult to understand deaf speech -- the speech of congenitally or pre-linguistically deaf individuals who have been trained in speech without the benefits of auditory monitoring. In such cases, alternative modes of communication may be preferred.

Manual communication is one alternative mode. Manual communication or sign language has many forms including regional dialects within the United States as well as those forms associated with various foreign languages. Note that foreign sign languages differ from each other as much as spoken languages differ. American Sign Language (ASL) is the form of sign language most commonly used today. The grammatical structure of ASL, however, is unrelated to English grammar -- just as the grammar of spoken French differs from spoken English. Therefore, word-for-word translations from ASL to English may result in ungrammatical or meaningless sentences. Signed English (SIGLISH) is another form of sign language. SIGLISH uses the same grammatical structure as English, so that word-for-word translations are meaningful. SIGLISH is generally being taught to hearing impaired students in schools today. Another form of manual communication is finger spelling which utilizes a manual alphabet to spell words.

With oral communication, a hearing impaired person uses lipreading to understand what others say and uses speech in addressing others. With enough training and concentration, a deaf person can understand many spoken words by watching the lips and face of the speaker. However, even in the best of circumstances, the alert lipreader is likely to comprehend only 25 - 30% of spoken English. Many of the sounds in the English language look almost identical on the lips. In addition, numerous factors can interfere with lipreading — the speaker's failure to enunciate clearly, presence of a mustache or hand held near the mouth, shadows cast on the speaker's face when he or she stands in front of a source of light. Because of these drawbacks, lipreading is an inadequate technique for a majority of deaf people (Davis, 1976).

Total communication involves all methods of communication -- sign language, finger spelling, gestures, facial expression, lipreading, and speech. An interpreter may be needed when a deaf individual uses total communication. Certified interpreters can be located through the National Interpreters Registry.

Written and printed communication are other alternatives. Writing can be a very useful tool when efforts to communicate reach an impasse. Deaf people can also use the printed word to communicate by telephone. Standard telephones equiped with a teletypewriter, a small "typewriter-like" instrument, transmit and receive printed words.

Hearing aids can help people who have some forms of hearing impairment to utilize sound. For minor impairment, hearing aids can increase capacity to hear a certain frequency range, most commonly that of normal conversation. In cases of severe auditory loss hearing aids -- while unable to restore hearing to a functional level — can allow the person to make general distinctions in classes of sound vibration. Functionally deaf people may use hearing aids for this purpose. Not only does the hearing aid allow this individual to utilize sounds in the environment for general purposes, it may also have the vast psychological impact of providing some degree of auditory connection with the external world.

References

Bolton, B., Cull, J., and Hardy, R. Psychological adjustment to hearing loss and deafness. In R. E. Hardy & J. G. Cull (Eds.), Educational and psychological aspects of deafness. Springfield, IL: Charles C. Thomas, 1974.

Cutler, S. J. The totally deaf, the deafened, the hard of hearing, and the hard of hearing signer. In R. E. Hardy & J. G. Cull (Eds.), Educational and psychological aspects of deafness. Springfield, IL: Charles C. Thomas, 1974.

Davis, K. It's about time hearing impairments came out in the open. Madison, WI: Wisconsin Vocational Studies Center at the University of Wisconsin- Madison, 1976.

Myklebust, H. R. The psychology of deafness (2nd ed.). New York: Grune & Stratton, 1964.

Ramsdell, D. A. The psychology of the hard-or-hearing and the deafened adult. In H. Davis & S. R. Silverman (Eds.), Hearing and deafness. New York: Holt, Rinehart and Winston, 1970.

Title All About Me

Subject HI Pers-Soc

Author

Date 1978

Description

Cross Reference:
HI Daily Liv

Annotation

All About Me was written for deaf girls between ages 13 and 18. This simply written book is intended to help them understand themselves and others, and to build self-confidence. It is well illustrated with line drawings and humorous stylized figures. Topics include elementary principles of hygiene and grooming, problems of adolescence, getting along with people, and the problems of alcohol, drugs, and venereal disease. New words are pronounced and defined in each lesson and repeated in a glossary at the end. It is also suitable for slow learners who are not deaf.

Pertains to competencies in the Daily Living and Personal-Social domains.

Cost

Between $1. and $5.

Publisher

New Jersey Vocational-Technical Curriculum Laboratory, Rutgers University, 4103 Kilmer Campus, New Brunswick, NJ 08903

Additional Information

Phone: (201) 932-3845

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Subject HI Pers-Soc

Author

Date 1978

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Personal-Social Aspects

Self-Concept/Self-Awareness and Mental Retardation

Despite many misconceptions about the effects of mental retardation, this handicap does not necessarily prevent normal personality development. The self-concept develops in both retarded and non-retarded persons as a result of early learning experiences that are themselves influenced by intellectual capacity. Therefore, the severity of the retardation will affect the process of self-concept development. Self-awareness may also be limited by intellectual impairment. This, however, does not prevent a mentally retarded person from developing a set of perceptions and attitudes toward self.

In the retarded infant there is a delay and impairment of both the development of a separate sense of self and the coping strategies that accompany this achievement (Cobb, 1970). Therefore, the retarded child is more likely to be dependent on the mother's nurturance for a longer period of time than the non-retarded child. Depending upon the parents' awareness of, and attitudes toward the child's retardation, this developmental lag can complicate important parent-child interaction. If the parents are not aware of the presence of any impairment, they may overindulge the child, hoping this will result in satisfaction of their parental expectations. Or, they may be aware of the child's disability and adopt an attitude of sympathy that again can result in overindulgence. On the other hand, if the parents have no knowledge of the child's impairment, they may react to delayed psychological development as an indication of parental inadequacy and thus reject the child. Or similarly, a negative attitude toward the child's known retardation also can result in rejection.

For the retarded child, understanding there is another point of view — the view of others — comes much later than for the normal child (Cobb, 1970). As this capacity for objective thought develops, the child begins to evaluate thoughts or actions according to the standards important to others. It is at this point that the emotional climate of the parent-child interaction is essential for the development of a basically positive self-concept. If parental expectations of the child's developmental achievements are within reason, the child can experience success and approval, laying the early foundation for a sense of adequacy.

The effects of retardation vary to such an extent that there is no single, predictable effect on self-concept or self-awareness. Cobb (1970) proposes that the retarded person faces a unique dilemma in relating to his or her disability due to intellectual limitation inherent in the disability itself. In this culture, as in most of the world, retardation is negatively valued or at least misunderstood. Therefore, often the retarded person is the object of scorn or mistrust because of stereotyped attitudes. Because of limits in the ability to conceptualize, he or she may not be able to see this as anything but personal rejection. As a result, the negative attitudes of others may become associated with failures in concrete accomplishments and the self-concept becomes dominated by a generalized sense of inability to compete (Cobb, 1970). The extent to which this occurs, of course, depends upon the level of retardation. Cytryn and Lourie (1972) maintain the brighter, mildly retarded individual is more prone to view himself or herself as inadequate or bad, while the more severely retarded individual lacks the capacity for introspection and evaluation of personal performance.

Interpersonal Skills, Independence and Mental Retardation

Mentally retarded persons are capable of the interpersonal skills needed to initiate and complete useful and enjoyable social interaction. However, due to a lack of experience and overprotective environments, these skills are often under-developed. The psychological transition from childhood to adulthood that includes development of self-reliance and autonomy, is a time of considerable doubt and confusion for all people. Special problems are encountered in the mentally retarded person's attempt to deal effectively with the complexity of interactions that determine successful friendships, employment and living situations. Social proficiency, although sometimes limited by the severity of the disability, can be achieved through learning and experience. But, due to limitations in intellectual functioning, the individual may not comprehend the subtleness and complexity of interpersonal situations. This often results in social inappropriateness, which is cause for scorn and avoidance by others, thus forcing retarded persons to positions of dependency and isolation.

A component of interpersonal skill development in retarded persons is the need for a clear explanation of what Perske (1974) calls "hidden specifics." These are the unspoken rules of social behavior that are usually taken for granted, but when ignored or violated, result in unsuccessful interactions. If these aspects are discussed in detail with the retarded person, he or she can utilize this direct information to facilitate interactions with others. Many community based agencies provide counseling on these specifics of social behavior, enabling retarded persons to have full awareness of all factors involved in certain situations. For example, Perske (1974) cites an instance of a helping person who explained to three retarded youths the appropriate conduct expected of bus passengers. The counselor also accompanied them on a bus ride as part of the educational process that ensured the youths' continued access to a necessary form of transportation. From this example, it can be seen that the more awareness fostered in the retarded person concerning social appropriateness, the more the individual can be successful in achieving the independence and autonomy of adulthood.

References

Cobb, H.V. The attitudes of the retarded person towards himself. In M. Schreiber (Ed.), Social work and mental retardation. New York: John Day, 1970.

Cytryn, L., and Lourie, S. Prevention of mental illness in the mentally retarded. In E. Katz (Ed.), Mental health services for the mentally retarded. Springfield: Charles C. Thomas, 1972.

Perske, R. Toward an interdependent life. Paper presented at the 98th Annual Meeting of the American Association on Mental Deficiency, Toronto, June 1974.

Title Personal- Social Adjustment Training Curriculum Manual

Subject MR Pers-Soc

Author

Date

Description

Annotation

This manual is designed for training in personal-social adjustment skills, intended mainly for the moderately retarded individual. Includes pre-test and evaluation forms for each subsection, objectives, activities, and materials.

Pertains to competencies in the Personal-Social domain.

Cost

Publisher

Austin State School, 2203 W. 35th Street,
Vocational Rehabilitation Department, Box
1269, Austin, Texas 78767

Additional information

Title Personal Adjustment Training: Volumes I, II, and III

Subject MR Pers-Soc

Author Rosen, M., and Zisfein, L.

Date 1975

Description

Cross Reference:
MR Coun Tech

Annotation

This group counseling curriculum is designed for use with mentally retarded persons. Sections include:

- self evaluation
- identity
- self-concept
- acquiescence
- exploitation
- assertive training
- heterosexual training
- independence

The methods used include: group dynamics analysis, role play and self confrontation techniques.

Pertains to competencies in the Personal-Social domain.

Cost

$3.00 each

Publisher

Additional Information Available from:

Elwyn Institute, Educational Materials
Center, Elwyn, Pennsylvania

Item Continuing Education Assessment Inventory (CEAI)

Category MR Pers-Soc

Description

This instrument is designed to assess the development of maximum independence for teenagers and adults whose disability is identified as mental retardation. It measures the development of somatic, personal, social and vocational capabilities of mentally retarded teenagers and adults. This basic tool is useful for both assessment and program development.

Cross Reference: MR Voc-Occ

Pertains to competencies in the Personal-Social and Occupational Guidance and Preparation domains.

Address

The Barber Center Press, Inc., 136 East
Avenue, Erie, Pennsylvania 16507

Phone

Additional Information

Cost is $5.50

Item Curriculum Research and Development Center in Mental Retardation

Category MR Pers-Soc

Description

This center develops curriculum for the full range of mental retardation with particular emphasis on creating an effective methodology for teaching social adaptation to mentally retarded students and youth. It also conducts an array of evaluative studies related to teaching methodology and to problem solving capability. Information available from the center concerns its own work and the social learning curriculum it has been developing.

Cross Reference: MR Instruct Tech

Address

Curriculum Research and Development
Center in Mental Retardation, 55 Fifth
Avenue, Room 1409, New York, NY 10003

Phone

Additional Information

Personal-Social Aspects

Self-Concept/Awareness and Orthopedic Handicaps

Orthopedic handicaps vary in the degree to which they affect physical capacity and appearance. Consequently, the component of the self-concept known as body image is likely to reflect the type and extent of the particular disability. Body image is basically the mental picture that an individual has of his or her physical appearance and capabilities. It combines with self-assessments of emotional, intellectual, and social capacities to form the entire self-concept. Since infants' first experiences as separate individuals develop around an awareness of their bodies, body image becomes the foundation for later development of the self-concept. Thus congenital (existing from birth) and traumatic (resulting from disease or injury) orthopedic impairments have the potential to undermine the foundation of a positive self-concept.

It is important to note that self-concept involves much more than a person's mental image of bodily attributes and capacities. The integration of a physical disability into a basically positive self-concept involves a self-evaluation of all assets and liabilities of the whole person. For orthopedically handicapped people, this may occur as part of the developmental process if the impairment is congenital. Or it may occur through revision of an already established self-concept if the impairment is traumatic.

In this society, which places great emphasis on physique, an orthopedically handicapped person seldom can avoid self-evaluation through comparison to society's norms. Both congenital and traumatic disabilities require a structuring of the self-concept that places less emphasis on physical aspects of the self. This does not mean that an individual negatively values his or her total body image. On the contrary, healthy integration of a physical impairment involves what Wright (1960) calls the principle of positive identification. Through this process the worthy aspects of a handicapping condition (for example, the functional usefulness of a deformed body part) are valued and thereby contribute to a positive self-concept. However, by realistically assessing physical differences and limitations as well, the individual can find increased value in equally important non-physical attributes.

As previously stated, the process of integrating an orthopedic handicap into a positive self-concept involves basic structuring in the case of congenital disabilities and restructuring in the case of traumatic disabilities. There is little agreement regarding the relative effects of these two conditions on self-concept. Some maintain that it is easier to adjust to congenital impairments because established self-concept need not be altered. Others argue that traumatic impairment occurring later in life can be dealt with more easily because the individual need not cope with the stigma often attached to hereditary defects.

There also is dispute regarding the adjustment process that depends upon the age at which a disability is acquired. Regarding congenital handicaps and those traumatic injuries sustained at an early age, some postulate easier adjustment because of children's greater flexibility in accommodating changes in self-perception. Also since children are not expected to earn a living or live independently, the pressure of adjustment is less demanding than for adults. On the other hand, it is argued that because of their maturity, adults' adjustment to disability is easier than children's.

Despite these varying opinions, a more likely account of the adjustment and integration process is that each handicapped person responds individually to his or her own particular disability. The individual mode of response is determined by inborn emotional and intellectual characteristics that interact with behaviors, thoughts, and feelings shaped by the environment. The role of congenital orthopedic impairment in development of self-concept is largely determined by parental response to the impairment. For traumatic disabilities, individual adjustment patterns depend upon factors such as emotional maturity and flexibility, previous attitudes toward handicapped persons, and the personal meaning of injury or incapacity.

Traditionally it has been assumed that depression, indicative of mourning for a lost part of the self, is a necessary step in adjustment to a handicap sustained by injury. The process whereby grief is worked through in stages, ending with resolution and acceptance of a disability, is observable in many spinal cord injured persons and others with traumas that result in loss of function.

In a paper entitled "Emotional Adjustment to Spinal Cord Injury" (1979), Raymond Milhous, M.D. states that the first stage is one of crisis. It is characterized by dazed confusion when the individual first enters the hospital. Milhous believes that the foundation of healthy emotional adjustment is developed during this state. Therefore, others' honest, yet tactful, recognition of the disability and its implications is important.

According to Milhous (1979), the second stage consists of learning to cope with the disability. It is during this period that individuals must alter their self-concepts to include the handicapping condition and its effects on their lives. People use various defense mechanisms to undertake this task. Denial of the significance or permanence of the injury is common. It is important to note that in this situation defense mechanisms are highly adaptive. They allow the person to face the impact of the event bit by bit, in manageable amounts.

As the adjustment process continues, depression is frequently experienced in response to irretrievable loss of part of the self, whether it be limb or function. A concomitant emotion of this state is anger or rage at being singled out to suffer such a fate. This anger may be directed at any available target, even those who sincerely offer emotional support and affection. Milhous notes that this is an extremely trying time for the recently injured person as well as those around him.

The final stage of resolution and reconstruction occurs little by little as the individual integrates the disability into a revised self-concept. There is often a shifting of values and priorities that places new emphasis on possessed strengths and abilities and minimizes, yet acknowledges, that which is lost. Needless to say, this is not an easy or well defined task. Division of the process into stages is more for descriptive purposes. In reality, the person may shift rapidly between stages depending upon the adaptive stresses of the moment.

In keeping with the viewpoint of individualized reaction to traumatic disability, the universality of the adjustment stages has been recently questioned. If the impact of disability and the strategies for adjustment depend upon the personal meaning of the impairment, it appears that in some cases the personal meaning may or may not involve a depressive response. For some individuals, integration of the disability into positive self-concept will be easier than for others. There is no gain in attaching value to a particular pattern of reintegration. It is an individual process and the time required will depend upon each person's past history and current situation.

The individual meaning of a disability is also an important factor in adjustment to orthopedic impairments that are congenital. However, handicaps existing from birth acquire meaning through a slow developmental process shaped by the attitudes of the child's important caretakers. Therefore, parental evaluation of a disability becomes very important because the parents set the model by which a child comes to judge himself. The foundation for Wright's principle of positive identification and the foundation for positive value of non-physical aspects can be developed early in life. Realistic and empathic responses by parents and significant others are important to the process of positive identification. A firm anchoring in security, facilitated by acceptance regardless of physical limitation, can provide the basis for the self-assessment of competence and desirability that is essential for well integrated self-concept.

Interpersonal Skills and Orthopedic Handicaps

Architectural and attitudinal barriers have restricted opportunities for orthopedically handicapped individuals to interact socially. Because of restricted mobility, isolation, and segregation, handicapped individuals may lack the social and interpersonal skills that typically develop with experience. Because many have been segregated in special educational, recreational, and social facilities, they may only feel comfortable interacting with other disabled people. Expansion of opportunities for orthopedically handicapped individuals to interact with others is essential for them to develop more effective ways of relating in a range of interpersonal situations.

Communication and Orthopedic Handicaps

Persons with orthopedic handicaps may be hindered in the communication process through congenital or traumatic impairment of various muscle groups in the body. When speech and hearing capacities are not involved in an orthopedic disability they remain important modes of communication. However, when movement of arms or hands are impaired, problems may arise if communication calls for manipulation of objects in the environment.

A person who has difficulty dialing a telephone, writing, using a typewriter, or turning pages may require the assistance of mechanical or electronic devices. Devices vary widely allowing the person to make optimum use of the range of motor functions that can be performed. For example, there are speaker phones, large touch pads for dialing telephones, recording devices, and devices that aid in grasping writing instruments and turning pages. If limb movement is not possible, mechanical devices controlled by head movement or breath signals provide functional alternatives to the use of arms or legs. Flexibility in the choice of available modes of communication depends upon the capacity for limb movement. Technological advances continue to expand the communication alternatives available to orthopedically handicapped individuals.

References

Milhous, R. Emotional adjustment to spinal cord injury. In National resource directory, Newton Upper Falls: National Spinal Cord Injury Foundation, Inc., 1979.

Wright, B. Physical disability — a psychological approach. New York: Harper and Row, 1960.

Personal-Social Aspects

Self-Concept and Visual Impairment

The effect of visual impairment on an individual's self-concept seems to be largely dependent upon the conditions under which the impairment occurs. Therefore, this type of disability will have different effects if it is congenital (from birth) or if it occurs through trauma (from injury or disease).

For the congenitally blind child, as well as the sighted child, a major developmental task is the achievement of psychological separateness from the objects and people in the environment. This results in the child's sense of "self" of "I," based on awareness of the difference of what is, and is not, part of the child. Vision is a unique sensory modality that facilitates growth of this experience by committing pictures to memory. As the child first experiences parts of his or her body, vision helps to coordinate all the parts into a whole image. At the same time, the child compares these images to those of other people, promoting awareness of what belongs to him, to the environment, and to other people. Because they are unable to utilize mental pictures provided by sight, congenitally blind children have special difficulty separating their experience from an external world that exists independently from them. The eventual differentiation between themselves and their environment develops through experiences with other senses, such as touching, hearing, talking and moving. Evidence shows this sense of self develops later in congenitally blind children than in sighted children (Fraiberg, 1977). To ensure that this process occurs to the optimal degree, parents should assist -- through verbal communication and encouragement -- the child's exploration of his or her own body and the immediate surroundings (Davis, 1964; Fraiberg and Adelson, 1976). Full achievement of the sense of self and awareness of physical characteristics can be hindered because, in large part, their development depends on experience by touch. If parents are restrictive in this area, due to cultural or personal taboos against touching, their blind child may be deprived of this essential realm of experiential learning.

For the person blinded by accident or disease, a new self-concept must be established that includes this disability. The individual will not have the visual feedback from others that plays such a large part in shaping and maintaining self-concept in sighted persons. After a period of adjustment other sensory modes become refined to provide input that gives the blind person a sense of uniqueness or identity. This relearning appears to occur more easily the earlier blindness occurs, with the exception of onset during the first few years of life (Davis, 1964).

Partially sighted children with vision that ranges between total sight and total blindness are particularly vulnerable in development of a fully adaptive self-concept (Davis, 1964). Often they take longer to achieve a stable sense of identity because they are alternately treated as sighted and as blind. Although this problem is usually resolved by adolescence, the formation of the self-concept tends to occur later than in totally blind or sighted children (Davis, 1964).

Interpersonal Skills and Visual Impairment

The interpersonal relations between blind and sighted people can be hindered by certain mannerisms that focus attention on idiosyncracies of behavior that a blind person might manifest. These "blindisms" are certain meaningless, repetitive acts of self-stimulation such as rocking, whirling and head jerking that are disruptive in their interpersonal effects. Also, blind persons sometimes show an unnaturalness in positioning of head and hands. "Negative blindisms" is a term used by Carroll (1961) to denote absence of certain desirable behaviors, rather than presence of undesirable behaviors. These include the failure to change facial expressions to those considered situationally appropriate by sighted people, and the "broadcast voice," which may be developed in the effort to address people whose location cannot be easily determined by means other than sight.

To people without visual impairment, these behaviors can be disturbing because they violate subtle social rules of interaction. Unfortunately, these rules of interaction developed for those with uniform capabilities. Obvious deviation from assumed norms often gives rise to social avoidance. Most of these "blindisms" can be changed by increasing the blind person's awareness of their presence. Often they result from lack of visual information that sighted people commonly use to coordinate thought, feeling, and action with various social circumstances (Davis, 1964).

Interactions between blind and sighted individuals can also be strained due to mannerisms on the part of sighted persons. Taking vision for granted, sighted people often organize their speech to be complemented with facial expressions or hand gestures. Although they are not able to utilize these cues, blind persons are often expected to respond to what, to them, is an incomplete message. Also, sighted persons sometimes assume that if they are speaking to someone who cannot see, it is not important to speak consistently in the listener's direction. However, this "wandering speech" is quite apparent to a blind person and carries with it an implication of incomplete attention or interest on the part of of the sighted person.

Communication and Visual Impairment

Various specialized techniques and devices facilitate visually impaired persons' use of senses other than sight for communication. Braille, an arrangement of embossed dots read with the fingers, provides a medium for reading and writing that can be learned much like other skills. As a rule, the fingers of a newly blinded person are not sensitive enough to distinguish the characters easily but, as the sense of touch is refined, reading speed can approximate the speed of the average sighted reader. Despite its utility, only a small proportion of the legally blind population uses braille. Since the visually impaired population includes many elderly people, aging factors such as loss of finger sensitivity, chronic fatigue or failing memory, preclude this group from learning braille.

Persons who have developed handwriting skills prior to visual impairment usually can continue writing with a pen or pencil and can sign their own names. Specially prepared writing boards make it easy to keep written lines straight. For education and entertainment, many books and magazines have been recorded or taped and are available through designated libraries. Compressed speech devices can be attached to recorders so that tapes can be played without distortion at a rate comparable to the reading rate of a sighted person. New technological devices for communication have been developed recently to provide functional alternatives to sight. "Talking" calculators are now available from several sources. One is a hand-held calculator called Speech Plus, which in addition to performing the usual mathematical feats, verifies all key strokes and announces results with a 24-word vocabulary. Similarly, the Optacon enables blind people to "read" ordinary print. With the Optacon, a portable, miniature electronic camera scans the line of type while vibrating reeds transmit the shape of the letters to the reader's index finger. These and other devices highlight the trend of technological advances that facilitate use of various sensory abilities in communication. These advances help visually impaired people become better informed and more active in the community.

References

Carroll, T. J. Blindness, what it is, what it does, and how to live with it. Boston: Little Brown, 1961.

Davis, C. Development of the self-concept. New Outlook for the Blind, 1964, 58, 49-51.

Fraiberg, S. Insights from the blind. New York: Basic Books, 1977.

Fraiberg, S., and Adelson, E. Self-representation in young blind children. In Z. Jastrzenbska (Ed.). The effects of blindness and other impairments on early development. New York: The American Foundation for the Blind, 1976.

31~

Title Personal Achievement Skills Training for the Visually Handicapped

Subject VI Pers-Soc

Author Roessler, R. T., and Means, B. L.

Date 1977

Description

105 page softbound manual

Annotation

PAS is a structured approach to group counseling which has been used successfully in a number of rehabilitation settings and is now available in a format appropriate for visually handicapped participants. Using verbal braille and motor modes of presentation, the training involves visually handicapped clients in learning communication, problem solving, and goal attainment skills that can be applied in their own lives.

Pertains to competencies in the Personal-Social domain.

Cost

Publisher

Arkansas Rehabilitation Research and
Training Center, Hot Springs Rehabilitation
Center, 105 Reserve Avenue, P.O. Box 1358
Hot Springs, Arkansas 71901

Additional Information

loan copies of the manual in braille are also available for individual agencies to reproduce at their expense; contact publisher.

CHAPTER 18

Communication Skills

In the most general sense, we think of communication as any process by which a person expresses some sort of information which is then received by another. It is a complex phenomenon that occurs continually in a broad range of situations. The communication process has two major components. One involves the message that is being shared, the other involves the medium through which the message is transmitted. For instance, if we need information such as directions we might ask verbally or we might write our request. Thus spoken words or written messages are two mediums which can carry the content of our inquiry. It is that aspect of communication which involves the medium or form that will be dealt with in this section. The message or content component of the communicative process is examined more fully in the section on Interpersonal Skills.

Not everyone can use all of the different mediums that carry the content of communication. Since communication involves two people, a sender and a receiver of information, the form through which messages are transmitted may have to be modified to accommodate problems in expressing and/or receiving information. For instance, if a message is expressed verbally to a person with hearing impairment, that condition may prevent the message from being accurately perceived. Likewise, people with handicapping conditions that affect verbal expression use a medium other than spoken words to convey thoughts and feelings. These situations require that senders and receivers share familiarity with a particular medium of communication. Unfortunately, sometimes attitudes hinder the communication process when circumstances render ineffective the use of speaking, listening, reading, or writing.

Some disabilities necessitate departure from common communication mediums in favor of practical, yet somewhat unfamiliar forms of communication. When this occurs, people unaccustomed to variations in the communication process may overlook the fact that the messages, despite their form, reflect concerns common to everyone. They may prejudge the communication medium as well as the thoughts and feelings conveyed to be inferior and unworthy of full consideration. Obviously, to be on the receiving end of a condescending attitude or to have efforts at communication treated lightly is an intensely frustrating and demoralizing experience.

The attitudes on the part of persons interacting with handicapped individuals can be a determining factor in the success of communication between handicapped and non-handicapped people. When given an opportunity to communicate at the maximum level that is physically possible, persons with handicapping conditions can participate in interactions more effectively and with greater satisfaction for themselves and others.

Title Special Technology for Special Children: Computers as Prostheses to Serve Communication & Autonomy In the Education of Handicapped Children

Subject HG Communication

Author Goldenberg, E. P.

Date

Description

Annotation

This document reviews uses of the computer for communication and access to educational, vocational and recreational activities for epople with serious communication problems such as deafness, autism, or severe physical handicaps. It describes immediate uses as well as future research and provides information on pilot work with 10 multiply handicapped children, ages 5 to 16.

Pertains to Competency 16, Communicating Adequately With Others.

Cost

Publisher

Additional Information

Available from: ERIC ED 140526

Item Free Postage on Reading Material for Blind and Physically Handicapped People

Category HG Communication

Description

The U.S. Postal Service offers free postal service on some reading materials for individuals who are blind or physically handicapped. Contact your local post office for more information.

Address

Phone

Additional Information

Item Autocom and Cannon Communicator

Category HG Communication

Description

Autocom

This microprocessor-based communication board is housed in a wheelchair laptray which allows user to independently select, construct and display letters, words, symbols, or phrases.

Cannon Communicator

Non-vocal, motor impaired persons can communicate by using a keyboard to spell out messages on paper tape. This pocket-size device is battery operated.

Pertains to Competency 16, Communicating Adequately With Others

Address

Telesensory Systems, Inc., North
Central Field Representative,
5650 Abbey Drive, Apt. 1P,
Lisle, IL 60532

Phone

Additional Information

Title Cerebral Palsy and Communication: What Parents Can Do

Subject CP Communication

Author Golbin, A. (Editor)

Date 1977

Annotation

Practical guidelines are presented for communication problems of cerebral palsied persons. Text discusses the nature of cerebral palsy, difference between speech and language, positioning for speech, feeding and oral-motor control, and nonverbal alternatives to speech.

Pertains to Competency 16, Communicating Adequately With Others

Description

Cross Reference:
CP Parents

Cost

$6.00

Publisher

George Washington Rehabilitation Research
and Training Center, The George Washington University, 2300 Eye Street, N.W.
Suite 714, Washington, D.C. 20037

Additional Information

Phone: (202) 676-3801

Telephone Technology

A number of aids are available to assist hearing impaired individuals with telephone communication. Some of these are available through public telephone companies. Consult your local or regional telephone company for more information. Different types of telephone communication devices are described below.

Teletypewriters (TTY): These typewriter-like devices allow deaf people to use telephones to "converse" by means of printed words. To make a call, the user puts the receiver of the phone into an acoustic coupler, dials the number of a person who also has a coupling system, and watches the monitor that shows the number is "ringing." On the phone receiving the call a light comes on to indicate an incoming call. The person receiving the call then picks up the phone and places it in the acoustic coupler to receive the printed message. If a hearing person answers the phone, the deaf person can tap a message to indicate that it will be a printed conversation. The TTY conversation continues just like any other phone conversation except that the words are typed back and forth. Information about some of the companies distributing TTY's are listed later in this section.

Portable Communication Devices: These relatively lightweight (some less than 4½ pounds), battery-powered devices can be attached to any phone - public or private. The module, which looks like a portable typewriter, uses tones to transmit messages that are printed electronically on a LED (light emitting diode). Unlike the TTY, no paper is printed.

Amplifiers: Various built-in or portable amplification devices are available from public telephone companies.

Signal Devices: These flashing light devices can be attached to phones to notify hearing impaired persons of incoming calls.

Registry of Interpreters for the Deaf, Inc.

Code of Ethics

Preamble

The Registry of Interpreters for the Deaf, Inc. refers to individuals who may perform one or more of the following services:

> Interpret: Spoken English to American Sign Language; American Sign Language to Spoken English.
>
> Transliterate: Spoken English to Manually Coded English; Manually Coded English to Spoken English; Spoken English to Paraphrased Non-audible Spoken English.
>
> Translate: American Sign Language to Written English; Manually Coded English to Written English; Written English to American Sign Language; Written English to Manually Coded English.
>
> Gesticulate/Mime, etc.: Spoken English to Gesture, Mime, etc Gesture, Mime, etc. to Spoken English.

The Registry of Interpreters for the Deaf, Inc. has set forth the following principles of ethical behavior to protect and guide the interpreter/transliterator, the consumers (hearing and hearing impaired), and the profession, as well as to ensure for all the right to communicate.

This Code of Ethics applies to all members of the Registry of Interpreters for the Deaf, Inc. and all certified non-members.

While these are general guidelines to govern the performance of the interpreter/transliterator, it is recognized that there are ever increasing numbers of highly specialized situations that demand specific explanations. It is envisioned that the R.I.D., Inc. will issue appropriate guidelines.

Code of Ethics

1. Interpreter/transliterators shall keep all assignment related information strictly confidential.

2. Interpreters/transliterators shall render the message faithfully, always conveying the content and spirit of the speaker, using language most readily understood by the person(s) whom they serve.

3. Interpreters/transliterators shall not counsel, advise, or interject personal opinions.

4. Service providers shall accept assignments using discretion with regard to skill, setting, and the consumers involved.

5. Interpreters/transliterators shall request compensation for services in a professional and judicious manner.

6. Interpreters/tranliterators shall function in a manner appropriate to the situation.

7. Interpreters/transliterators shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues and reading of current literature in the field.

8. Interpreters/transliterators, by virtue of membership in or certification by the R.I.D., Inc., shall strive to maintain high professional standards in compliance with the code of ethics.

Title The Joy of Signing

Subject HI Communication

Author Riekehof, L. L.

Date 1978

Description
hardback book

Annotation

The book contains graphic illustrations of over 1,300 signs on more than 300 pages. It provides a basic vocabulary for those who wish to learn to communicate with deaf people, as professionals or laymen, or for those aspiring to enter training programs for interpreters.

Pertains to Competency 16, Communicating Adequately With Others.

Cost

Publisher
Gospel Publishing House, Springfield,
Missouri

Additional Information

Title American Sign Language: Fact and Fancy (2nd edition)

Subject HI Communication

Author Markowicz, Harry

Date 1978

Description
32 page booklet

Annotation

This book provides an in-depth look at the myths and facts concerning American Sign Language. It includes line drawings for illustration of signs used to represent certain words or phrases.

Cost

Publisher
Public Service Programs, Gallaudet College,
Washington, D.C. 20002

Additional Information

Item Teletypewriters for the Deaf, Inc.

Category HI Communication

Description

This national organization fosters the acquisition and distribution of teletypewriters among deaf people and the institutions which communicate with them. Its primary aim is to promote effective telecommunication for all individuals with hearing impairments.

Some 5,000 individuals across the nation are members of Teletypewriters for the Deaf, Inc. (TDI). They are served by over 100 authorized agents. These individuals also are listed in the International Telephone Directory of the Deaf. TDI also publishes a periodic newsletter, organizes a biennial convention of members and answers inquiries about telecommunication devices. Membership costs $10.00 per station (individual, household or organization).

Pertains to Competency 16, Communicating Adequately with Others.

Address

Teletypewriters for the Deaf, Inc.,
P.O. Box 28332, Washington, D.C. 20005

Phone

Additional Information

Item See-Phone, Inc.

Category HI Communication

Description

This company distributes Teletypewriters to hearing impaired people.

Address

See-Phone, Inc., 1314 Hanley Road Industrial Court, St. Louis, MO 63144

Phone

Additional Information

Item Manual Communications Module for the Deaf (MCM)

Category HI Communication

Description

Micon Industries manufactures several models of mobile telecommunications devices for deaf, hearing impaired and non-verbal individuals and their families. These include:

MCM/D Manual Communication Module/Deaf is a battery operated portable unit that is compatible with all deaf telecommunication equipment. It uses a lighted display to present words.

MCM/DD Manual Communications Module/Dual Display broadens the usefulness of the MCM/D to provide visual communication in a face to face situation. It also interconnects with telecommunication by telephone.

MCM/P Manual Communication Module/Printer is available as a battery operated portable unit or a stationary module. Presents a message printed on paper.

Pertains to Competency 16, Communicating Adequately with Others

Address

Micon Industries, 252 Oak Street, Oakland,
CA 94607

Phone (415) 763-6033 (voice or MCM)

Additional Information

Item Registry of Interpreters for the Deaf

Category HI Communication

Description

This national organization provides translating/interpreting services to hearing-impaired people of the United States. It also recruits and educates persons to become interpreters and maintains a registry of interpreters.

Cross Reference: HI Instruct Tech

Pertains to Competency 16, Communicating Adequately with Others.

Address

Registry of Interpreters for the Deaf
P.O. Box 1339, Washington, D.C. 20013

Phone

Additional Information

Special Equipment to Facilitate Communication

Telephones

The telephone company offers a number of adaptive devices for physically handicapped, blind and deaf individuals. Such devices as speaker phones, card dialers, and head sets, can enable a severely disabled individual to use the phone independently. The telephone company will send a staff member to evaluate the problems and suggest equipment. Because the equipment is not for sale, a monthly rental fee is added to the regular phone charge.

Anyone interested in this equipment can contact the nearest telephone business office. The phone company also publishes a booklet on phone adaptations called "Services for Special Needs," available on request. Other sources of Special Telephone Equipment are:

Radio Shack (speaker phones)
Sparr Telephone Arm Co., R.D. No. 1, Box 439, Stroundsburg, PA 18360
Fred Sammons, Box 32, Brookfield, IL 60501
Prentke-Romick Company, R.D. 2, Box 191, Shreve, OH 44676

Typewriters

Electric typewriters can be adapted to meet individual needs. Models are available as listed below:

Voice Keyed Electric Typewriters are available from: National Institute of Rehabilitation Engineering, Pompton Lakes, NJ 07442

Telecommunications System developed by Cybernetics Research Institute, 2233 Wisconsin Avenue, S.W., Washington, D.C. can be purchased from: Scope Electronics, Inc., 1860 Michael Faraday Drive, Reston, VA 22090

Possum Controls Typewriters System (electronically operated): Possum Controls Ltd., 63 Manderville Road, Aylesburg, Bucks ENGLAND

For the C5-C7 quadriplegic, a good buy is the Smith-Corona Sterling Electric 12. It has accessible controls and an automatic carriage return and costs approximately $150.00.

Locally, many office supply stores sell reconditioned typewriters at cost. They can also adapt many typewriters to meet specific needs and can add, at nominal costs, keyboard guides, paper roll holders and tear-off blades, and arm rests as needed. One supplier with this service is:

IBM Office Products Division, One Gateway Center Plaza, Newton Corner, MA (617) 969-6000

Page Turners

Automatically operated page turners are available from:

Touch Turner Co., 3739 South 168th Street, Seattle, WA 98199
(206) 244-3805

W. T. Brusse, Inc., 2647 Todd Avenue, N.W., Warren, OH 44485

Reprinted from National Resource Directory, 1979, published by the National Spinal Cord Injury Foundation.

Title Understanding Braille

Subject VI Communicatio

Author

Date

Description

booklet,
12 pages

Annotation

This booklet describes the history and development of braille and includes simple explanations of how it is used in reading and writing.

Cost

Publisher

American Foundation for the Blind, 15 West
16th Street, New York, NY 10011

Additional Information

Item Devices for Visually Impaired People

Category VI Communication

Description

This company produces the following devices to facilitate communication for visually impaired people:

SPEECH PLUS - talking calculator.

SAGE M - braille terminal which prints full-page braille counterpart to typewriter input; useful for information handling, computer programming and instruction.

SYNTHESIZED SPEECH SYSTEMS - talking console which audibly presents information normally presented visually.

OPTACON - compact, portable reading aid which translates image of printed letter into vibrating tactile form that can be felt with one finger.

"PAPERLESS" BRAILLE - approximately 400 pages of paper braille can be stored on a single cassette tape.

Cross Reference: VI Instruct Tech

Address

Telesensory Systems, Inc., 3408 Hillview
Avenue, P.O. Box 10099, Palo Alto, CA
94304

Phone (415) 493-2626

Additional Information

Item Braillegram and Largeprint Messages from Western Union

Category VI Communication

Description

People now have the option of sharing a communication via a brailled or largeprint telegram sent by Western Union Telegraph Company. The charge is $2. for the first 25 words and $1. for each additional 25 words.

Pertains to Competency 16, Communicating Adequately with Others

Address

Consult your local telephone directory for the local address and toll-free number

Phone

Additional Information

Item Kurweil Talking Terminal

Category VI Communication

Description

The Kurweil Talking Terminal converts computer transmitted standard English text into high quality, easily comprehended synthetic speech. This programmed text-to-speech device is readily attached to any computer terminal.

Cross Reference: VI Instruct Tech

Address

Kurweil Computer Products, 33 Cambridge
Parkway, Cambridge, MA 02142

Phone (617) 864-4700

Additional Information

Title Annual Report of Progress: Rehabilitation Engineering Center of the Smith-Kettlewell Institute of Visual Sciences

Subject VI Communication

Author

Date 1978-79

Description

Annotation

This report provides extensive information on new sensory aids.

Cost

Publisher

Smith-Kettlewell
2232 Webster Street
San Francisco, CA 94115

Additional Information

Item National Voluntary Organizations for Independent Living for the Aging (NVOILA)

Category VI Communication

Description

This group has information available on a system of alternative relevant braille. It is a system for recording telephone numbers, short messages, etc. for those who find it difficult to learn braille.

Pertains to Competency 16, Communicating Adequately With Others.

Address

NVOILA, 1828 L Street, N.W., Suite 504, Washington, D.C. 20036

Phone

Additional Information

CHAPTER 19

Interpersonal Skills

People are social beings by nature. From birth on we all have physical and emotional needs which require a certain reliance on others in our environment. As infants we cannot perform the tasks necessary to obtain nourishment or to regulate our body temperature. Therefore, we must be fed and dressed by someone able to anticipate and fulfill these needs. Also at this time if we are not held, cuddled, stimulated through play or generally shown attention and affection from another human being, our emotional growth will be severely impaired. These circumstances set the stage for our total development that continues throughout life. Although our life situations change radically as we grow older, we never become totally self-sufficient. The process of satisfying our physical and emotional needs is a constant reminder of the importance of others in our lives.

Since we are never able to be totally physically and emotionally self-sufficient, we must be able to communicate what we need to others. To so this, we must possess the interpersonal skills to facilitate smooth interactions which are beneficial to us as well as to those with whom we interact. These skills cover a range of abilities, a range as broad as the situations for which they are appropriate.

At times the need for assistance from another person is clear and well defined, such as when ordering a meal in a restaurant or asking for directions. The skills needed for success in such interactions might include the ability to clearly and directly communicate information or questions. Interactions such as these are even more successful when communication occurs in a friendly and polite manner, a process which requires a certain set of skills. Other interactions may be much less specific in nature and therefore require different skills. For example, companionships, friendships, and love relationships call for skills in recognizing and respecting our own feelings as well as the feelings of others.

As can be seen from these examples, effective use of interpersonal skills depends upon two factors: (1) having the skills mastered which enables them to be useful when needed, and (2) having the ability to accurately determine the skill that is appropriate for a specific situation. For various reasons, some people never learn to communicate their intentions to others by clearly stating information or asking questions. In social situations they may expect people to know exactly how to respond to them and be angry and insulted if others don't live up to this expectation. In reality, the others may be confused or be responding to how they see the situation given the unclarity of the information or question presented.

Some people have those skills of communication but use them in inappropriate contexts where the skills work against successful interactions rather than helping them. Responding with intimate feelings to "How are you today?" by the local bankteller is not likely to be met with positive reaction. However, this type of answer to a similar question by a friend or spouse is entirely appropriate. These factors (having the skills and using them in the right context) can function individually or together to determine whether or not our needs are met. Therefore, development of interpersonal skills is an important element in the process of satisfying our physical and emotional needs and increasing our overall satisfaction and happiness.

Interpersonal Skills and Handicapped Persons

Persons with handicapping conditions may experience difficulty in interpersonal skills due to circumstances which may have hindered the learning process necessary for the development of these skills. They may have been overly sheltered from situations where trial and error is the essential experience. Without having the opportunity to learn first-hand from mistakes it is difficult to use experiences as a helpful guide for strategies in approaching future situations.

Perhaps due to the limitations of a handicapping condition some may not have been able to participate in learning situations. For example, orothpedically handicapped individuals may not have the mobility to interact with disabled or non-disabled peers in many daily activities. Likewise, people with visual handicaps and hearing impairment lack sensory skills, therby restricting interactions with those who are handicapped as well as those who are not.

These interpersonal situations are necessary for all people to try out new behaviors and new ways of thinking about themselves in relation to others. Regardless of cause for limitation, handicapped persons share with non-handicapped persons the same need to experience themselves in numerous circumstances and to communicate on many levels. There are levels of interpersonal situations that range from specific, goal oriented interactions, like asking for directions to less defined experiences that provide emotional satisfaction, like having friends.

Where personal situations have not yielded appropriate opportunities, interpersonal skills are likely to be lacking despite the capacity for their development and refinement. Therefore, a major step in assuring that handicapped individuals have an adequate chance to develop these skills, is the guarantee that social experiences are available to them. In recent years, this has been fostered by legislation advocating changes in architectural barriers. Because of action designed to mandate free physical access, the handicapped person's chances to learn are increased. As societal values and attitudinal barriers change in a manner analogous to changes in architectural barriers, persons with handicapping conditions will have increasing opportunities to participate in activities that facilitate personal growth through better interpersonal skills.

Item Interpersonal Life Skills Program for Independent Living

Category HG Interpersonal

Description

This multimedia program is designed to help give insight into getting along with others - self appraisal, message sending, listening skills, communication and relationship building. It includes filmstrip and audiotape presentations, instructor's manual and participant workbooks. Cost is $425.00.

Pertains to competencies in the Personal-Social domain.

Address

Singer Career Systems, 80 Commerce
Drive, Rochester, NY 14623

Phone

Additional Information

Title Toward An Interdependent Life

Subject MR Interpersonal

Author Perske, Robert A.

Date

Description

9-page paper

Annotation

This discusses the desirability for retarded individuals living in the community to move toward interdependence in interpersonal relationships and daily functioning.

Cost

$.25

Publisher

Additional Information

National Association for Retarded
Citizens, 2709 Avenue "E" East
Arlington, TX 76011

CHAPTER 20

Problem Solving

One of the tasks of development that comes with moving out of infancy is that of slowly taking over the functions that previously needed to be performed for us by our parents. But we soon learn to do these for ourselves, allowing us to be that much less reliant on others. Also as small children, our judgement of our needs and the consequences of our actions in the world is limited and unrefined. Therefore, we require the guidance and supervision of those whose development in this area can supplement ours. In a sense, then, we learn to think and do for ourselves after we gradually disengage from those who originally thought and did for us. In this process we adopt from our models (perhaps our parents, older siblings or significant adults) characteristic patterns and strategies of dealing with the world and all the varied circumstances of daily life.

As we grow older we develop under the influence of two intertwined processes. One is the physical maturation that gives us the capacity to think and act on increasingly complex levels. The other involves our experience of modifying, through trial and error, our strategies for approaching everyday situations. We use this combination of maturation and experience to produce meaningful changes in ourselves, to better our environment or situation, or to change our environment to better suit our needs.

These processes are what we know as problem solving. It can range from simply deciding what clothes we are going to wear for the day to choosing a lifetime career that suits our interests and abilities. Obviously our capacity to solve problems early in life is limited. But through increasing growth and learning we are able to approach more complex and difficult situations with greater skill and flexibility. Consequently, we become more effective in achieving what we want.

With the refinement of problem solving skills we are able to move in a direction away from our early family position, of being provided for, to a lifestyle where we can provide for ourselves. This is the developmental process of moving toward independence and it relies heavily on the corresponding development of problem solving. The decisions involved in moving from our parents' homes, finding jobs, and financially supporting ourselves will be adequate only if our problem solving skills are good. The level of independence that we reach is therefore directly related to the degree to which we attain effective problem solving.

Problem Solving and Handicapped Persons

People with handicapping conditions are frequently hindered in their development of problem solving skills and independence due to having fewer opportunities for growth through trial and error. Many of the same factors that contribute to a deficit in interpersonal skills (see Personal Social/Interpersonal Skills) also operate in the area of problem solving. It is not uncommon for well-meaning parents, friends and even strangers on the street to have a protective attitude towards handicapped persons. When others assume that an individual's disabling condition automatically calls for supervision or intervention, handicapped persons can be deprived of valuable opportunities to learn the basics of problem solving on their own.

This does not mean that persons with handicapping conditions when left to their own resources will all develop to the same level of independence. Each disabling condition places its own limitations on what a person can do without the assistance of others. Therefore, the level of problem solving that each person, handicapped or non-handicapped, can strive to achieve depends upon the capacity of that person.

To maximize potential within the limitations of one's physical condition is the most that anyone can do. However, too often the attitudes of non-handicapped persons toward the disabling conditions of others result in lowered expectations on the part of non-handicapped and handicapped persons alike. When there is little expectation for success, there is limited incentive for development of problem solving skills by handicapped individuals and marginal support for this process by others. A situation can then develop whereby potential remains mutually unrecognized by handicapped and non-handicapped persons. This underdevelopment of human potential can have several effects. Handicapped individuals lose the opportunity to provide for themselves and achieve their maximum levels of independence. Moreover, society as a whole does not benefit from what this capable segment has to contribute. In an environment where disabling conditions are not equated with incapacity, active problem solving is encouraged and handicapped persons can reach their maximum levels of independence, benefitting themselves as well as the society in which they live.

CHAPTER 21

Self-Concept/Awareness

An area of essential concern to personal and social skills is that of self-concept and self-awareness. These terms refer to processes that occur within every person and have a powerful effect on the way we think and feel as well as the way we interact with others. Self-concept can be most easily defined as what we think and feel about ourselves. This includes how we evaluate our bodies and how we evaluate our personality characteristics. To fully understand how self-concept influences us in interacting with others we must first be able to recognize the thoughts and feelings we have at a given moment. This is what is known as self-awareness: the capacity to reflect and determine what we are thinking and how we feel.

We all respond continually to what our senses gather from endless sources, both within and outside of ourselves. Fortunately, not all of this needs our direct attention or we would be overwhelmed by the amount of stimulation to which we are exposed. This does not mean that much of this stimulation has no effect on us. Often thoughts and feelings are triggered by events of which we are only slightly aware. Although these thoughts and feelings may also be unclear their effect on behavior is important. Self-awareness then is a valuable skill because it can allow us to focus in on ourselves. This is the first step in making sense of how our thoughts and feelings relate to our behavior.

Through self-awareness we can begin to understand the relatively consistent and predictable way we tend to evaluate the information gathered by our senses. The standard by which we judge this information is self-concept, the way we think and feel about ourselves. Each person's self-concept is unique, having been developed bit by bit since birth. Much of what we know about ourselves is initially learned through the way others respond to us. Therefore we all have different self-concepts depending upon our personal history of who responded to us and how. This feedback becomes a fairly stable picture of our worth and attractiveness by which we evaluate our own and others' experience and achievement.

For things that are very important to us, this self-evaluation can be a source of great satisfaction or terrible despair. Thus, our standard of judgement has a great effect on what we think and feel. A self-concept that allows for favorable evaluation of our experience and achievement is more likely to result in personal happiness than a self-concept that constantly tells us we are inferior. Increased feelings of confidence and worth can result from improving this picture of ourselves. This improvement can be the first step to having others respond to us more positively and, in turn, to feeling even better about ourselves.

Self-Concept/Awareness and Handicapped Persons

As stated before, each person's self-concept is shaped by the messages others give. Therefore, people with handicapping conditions also have pictures of themselves that reflect evaluations by others. All too often these evaluations are largely based on reactions to the handicapping conditions alone. If their self-concepts center around the belief that they do not measure up to others, persons with handicapping conditions may constantly feel a lack of worth and confidence. Overlooked by non-handicapped and handicapped persons themselves may be many positive qualities common to any individual. Through self-awareness people with handicapping conditions can explore self-concept and, if needed, work to include a more realistic picture of personal strengths.

Title Body Training Toward Self Esteem and Employability of Adolescents

Subject HG Self-Concept

Author Loewendahl, E.L. and Richards, T.

Date

Description

Annotation

This resource reports results of a limited study investigating the effect and subject employability of a program designed to increase self esteem through physical conditioning. Subjects were adolescent girls with either physical or emotional handicaps.

Cost

Publisher

Kennedy Child Study Center, Santa Monica, California

Additional Information

Title An Investigation of the Self Concept of Blind and Visually Handicapped Adolescents

Subject VI Self-Concept

Author Meighan, Thomas

Date

1971

Description

43 pages

Annotation

Pertains to competencies in the Personal-Social domain.

Cost

$3.00

Publisher

Additional Information Available from:

American Foundation for the Blind
15 W. 16th Street, New York, NY 10011

PART IV

VOCATIONAL-OCCUPATIONAL RESOURCES

CHAPTER 22

Vocational-Occupational Aspects

The series of topics or subsections within Vocational-Occupational Aspects "walks" the individual through the process of establishing a vocation. Beginning with information to facilitate exploration of career opportunities, the focus then shifts to vocational evaluation followed by presentation of education and training alternatives — vocational training, college, university and community college programs, and adult continuing education. The Vocational -Occupational section concludes with consideration of work adjustment and job placement. These subsections provide information of interest to program developers and professionals in the field as well as individuals engaging in vocational planning.

Handicapped individuals may encounter problems at any one of these points in the vocational process -- problems that impede vocational development (Flanagan and Schoepke, 1978). For example, a blind individual with limited knowledge of career opportunities may have few alternatives to stereotypes of careers for the blind. Or, work adjustment training may be the key to successful employment for a mentally retarded person trained in assembly but unable to hold a job. Professionals and handicapped persons alike need to consider the full scope of vocational aspects in planning for career development.

Reference

Flanagan, W. M., and Schoepke, J. M. Lifelong learning and career development needs of the severely handicapped. Columbia, MO: University of Missouri, 1978.

Title Vocational Preparation of Persons With Handicaps

Subject HG Voc/Occ

Author Brolin, Donn E.

Date 1982

Description

Annotation

Second edition of author's previous book Vocational Preparation of Retarded Citizens. This edition is expanded to most handicaps and contains considerable new information. The book contains chapters on vocational services, disabilities, vocational development, vocational preparation process, several chapters on vocational evaluation, vocational counseling, vocational training, job placement, career education, vocational education, and sheltered work programs.

Cost

Publisher

Charles E. Merrill Publishing Co.
1300 Alum Creek Drive
Columbus, OH 43216

Additional Information

Title Mainstreaming Guidebook For Vocational Educators

Subject HG Voc-Occ

Author Dahl, P.E.

Date 1978

Description

Annotation

This book is relevant for those responsible for designing, conducting, or administering vocational programs for the handicapped. Its topics include developing positive staff and student attitudes toward mainstreaming; eliminating architectural barriers; assessing the individual handicapped student; modifying the curriculum; eliminating equipment and work barriers; and job placement. A model for developing and reviewing individualized educational programming is also included.

Cost

Publisher

Administrative Resources Division, Capitol Publications, Inc., 2430 Pennsylvania Avenue, N.W., Washington, D.C. 20037

Additional Information

Title Mainstreaming Handicapped Students in Vocational Education

Subject HG Voc-Occ

Author Brolin, Donn E. et al

Date 1978

Description

Annotation

The two-volume resource guide consists of an administrator's guide (Vol. 1) to vocational programming, job placement, and sources of assistance, and a Resource Guide for Vocational Educators (Vol. 2). The Resource Guide includes an overview of disabilities for vocational resource educators, information about accommodation of students in instructional considerations, and job placement information.

Pertains to competencies in the Occupational Guidance and Preparation domain.

Cost

Publisher

University of Missouri
Career Education Project

Additional Information

Available from:

ERIC, ED 170451 (Vol. 1)
ERIC, ED 170452 (Vol. 2)

Title VEIT PROJECT Vocational Education Institute Training

Subject HG Voc-Occ

Author Regan, Madelyn K., et al

Date N.D.

Description

Two-volume set of training modules

Annotation

This resource is an extensive curriculum of training modules. In the two volumes inservice training materials are directed toward five major content areas: awareness of exceptionality, diagnosis and assessment of learning problems, methods and materials, classroom management, and use of resources in serving the handicapped.

A scope and sequence is provided in the front of each volume to assist the user in selecting appropriate modules for specific topics.

Cost

Publisher

Dept. of Special Education, School of Education, University of Kansas Medical Center, Children's Rehabilitation Unit, Kansas City, KS 66103

Additional Information

Received in September 1981

Title Vocational Education for the Handicapped
A Selected Resource Guide

Subject HG Voc-Occ

Author Moorman, Jerry

Date 1979

Description 269 pages, softbound manual

Annotation

The guide is designed to aid vocational educators involved with handicapped students. It provides a selected list of curriculum materials, agencies providing services and information about handicapped persons. Areas include business and office, distributive education, general information, home economics, films, trade and industry, and national assistance agencies.

Cost

Publisher

Mississippi State University, Research and Curriculum Unit for Vocational Technical Education, Mississippi State, Mississippi

Additional Information

Title Development of Individualized Education Programs (IEP's) for the Handicapped in Vocational Education

Subject HG Voc-Occ

Author

Date 1979

Description

Annotation

This paper (information series No.143) is designed to extend vocational educator's knowledge in developing the IEP. It also provides information to build awareness of the diverse needs of handicapped persons.

Pertains to competencies in the Vocational-Occupational domain

Cost less than $5.00

Publisher

Additional Information Available from:

The National Center for Research in Vocational Education, The Ohio State University, 1960 Kenny Road, Columbus, Ohio 43210

Title Vocational Education for the Handicapped: A Review

Subject HG Voc-Occ

Author Hull, Marc E.

Date 1977

Description 59 pages

Annotation

This is a synthesis of useful programs, techniques, and methods for providing full participation in vocational education for handicapped and secondary and postsecondary school students.

Cost $5.10

Publisher

Additional Information

National Center for Research in Vocational Education, National Center Publications,
Ohio State University, 1960 Kenny Road
Columbus, OH 43210
Telephone: (314) 486-3655

Title Career and Vocational Development of Handicapped Learners: An Annotated Bibliography

Subject HG Voc-Occ

Author Bhaerman, Robert D.

Date 1978

Description 85 pages

Annotation

This lists 150 annotated citations dealing with career and vocational development of handicapped learners. It includes trends, programs, curriculum guides, mainstreaming, personnel development, equipment, guidance and counseling, and employment.

Pertains to competencies in the Occupational Guidance and Preparation domain.

Cost $5.10

Publisher

Center for Research in Vocational
Education, 1960 Kenny Road, Columbus,
OH 43210

Additional Information

Title Curriculum Materials 1979 - New Jersey Vocational - Technical Curriculum Laboratory

Subject HG Voc-Occ

Author

Date

Description

materials catalog

Annotation

This catalog of curriculum materials can be utilized with disabled individuals in vocational-technical education. It includes guidelines for employment orientation, establishing a vocational assessment system, and occupational exploration.

Cost

Publisher

New Jersey Vocational Technical Curr.
Laboratory, Rutgers University 4103
Kilmer Campus, New Brunswick, NJ 08903

Additional Information

Phone: (201)932-3845

Item National Resource Center for Materials on Work Evaluation and Work Adjustment

Category HG Voc-Occ

Description

This is a national resource center for collection and dissemination of literature, materials and procedures on work evaluation and adjustment. It provides services to upgrade skills of persons working with handicapped individuals.

Pertains to competencies in the Occupational Guidance and Preparation domain.

Address

Materials Development Center, Institute
for Vocational Rehabilitation, Stout
State University, Menomonie, WI 54751

Phone (715) 232-1164

Additional Information

Title Opportunity to Work

Subject CP Voc-Occ AV

Author

Date

Description

3/4 inch, color, videotape cassette, 17 minutes

Annotation

The videocassette presents information about the evaluation, training, work modifications, and job placement of persons with cerebral palsy. (source: Job Development Lab, George Washington University, 2300 Eye Street, Washington D.C.)

Cost

$60.00

Publisher

Additional Information Available from:

National Audiovisual Center, General Services Administration, Washington, D.C. 20409

Title Epilepsy - On the Way to Work: A Guide for the Rehabilitation Counselor

Subject Ep Voc-Occ

Author Schlesinges, L.E. and Frank, D.S.

Date 1976

Description

Cross Reference:
Ep Daily Liv
Ep Coun Tech

Annotation

This guide has been designed to give the reader useful information about epilepsy along with particular ways of applying this knowledge to daily activities. Contents include medical aspects, vocational preparation, and information useful to counselors. A directory of Epilepsy Foundation of America Chapters is also included.

Pertains to competencies in the Daily Living and Occupational Guidance and Preparation domains.

Cost

free

Publisher

Additional Information Available from:

Epilepsy Foundation of America, 1828 L Street, N.W., Washington, D.C. 20036

Item TAPS

Category Ep Voc-Occ

Description

TAPS is an acronym for Training and Placement Services, a program designed specifically for the person with epilepsy to assist in the acquisition and maintenance of appropriate long-term employment. A person with epilepsy can receive individual vocational counseling, appropriate referral, and training through TAPS. This program offers employers on-the-job training funds, follow-up services, and educative services. Employers can offer jobs and list openings through TAPS.

Pertains to competencies in the Occupational Guidance and Preparation domains.

Address

TAPS, Epilepsy Foundation of America,
1828 L Street, N.W., Washington, D.C.
20036

Phone

Additional Information

Item EPI - HAB, L.A., Incorporated

Category Ep Voc-Occ

Description

EPI - HAB is an abbreviation for Epileptic Rehabilitation. This firm, located in southern Los Angeles, is a non-profit corporation whose aim is to train and place epileptics in industry and to provide employment for those who are difficult to place.

Address

EPI - HAB, L.A., Incorporated, 5533 S.
Western Avenue, Los Angeles, CA 90062

Phone (213) 299-2305

Additional Information

Title Individualized Vocational/Career Training Manual

Subject MR Voc-Occ

Author Barber, G.A., Ryan, T.A., and Scully, T.A.

Date

Description

Annotation

This is a text designed to insure maximum growth, independence and vocational opportunities for adults and teens whose disability is identified as mental retardation or multiple handicaps.

Cost

$5.50

Publisher

The Barber Center Press, Inc., 136 East Avenue, Erie, Pennsylvania 16507

Additional Information

Title Vocational Preparation of Retarded Citizens

Subject MR Voc-Occ

Author Brolin, D.E.

Date 1976

Description

312 pages, hardback book

Annotation

This book presents a conceptualization of how most moderately and mildly retarded adolescents and adults can be appropriately prepared for successful vocational functioning. Part one includes basic background information about mental retardation, development of a work personality, vocational adjustment and potential of retarded persons, and a review of career development services. Part two presents techniques for preparation for vocational functioning, vocational counseling, vocational evaluation, vocational training and job placement and follow-up. Part three presents models for secondary and post-secondary programs and methodologies for program evaluation.

Cost

$16.95

Publisher

Charles E. Merrill Publishing Company,
1300 Alum Creek Drive, Columbus, Ohio
43216

Additional Information

Item Continuing Education Assessment Inventory (CEAI)

Category MR Voc-Occ

Description

This instrument is designed to assess the development of maximum independence for teenagers and adults whose disability is identified as mental retardation. It measures the development of somatic, personal, social and vocational capabilities of mentally retarded teenagers and adults. The basic tool is useful for both assessment and program development.

Cross Reference: MR Pers-Soc

Pertains to competencies in the Personal-Social and Occupational Guidance and Preparation domains.

Address

The Barber Center Press, Inc., 136 East
Avenue, Erie, Pennsylvania 16507

Phone

Additional Information

Cost is $5.50

Title Social and Prevocational Information Battery

Subject MR Voc-Occ

Author Halpern et al

Date 1975

Annotation

The SPIB consists of a series of nine test designed to assess knowledge of life-skills and competencies widely regarded as important for the ultimate community adjustment of mildly mentally retarded students. Nine tests include: Job Searching Skills, Job Related Behavior, Banking, Budgeting, Purchasing, Home Management, Physical Health Care, Hygiene and Grooming, Functional Signs. The SPIB-T is a new edition (1979) of the SPIB designed for use with mildly to moderately retarded (TMR) students. Changes in directions, response format and word difficulty make it suitable for moderately retarded examinees.

Pertains to competencies in the Daily Living and Personal-Social domains.

Description

The nine tests are for oral administration to groups not exceeding 20 persons; response format is true-false or picture selection.

Cross Reference:
MR Daily Liv

Cost

SPIB Specimen Set-$5.50

Publisher

Publishers Test Service, McGraw-Hill,
2500 Garden Road, Monterey, California
93940

Additional Information

Title Attitudes Towards Persons with Disabilities: A Compendium of Related Literature

Subject OH Voc-Occ

Author Human Resources Center

Date 1978

Description

172 pages

Annotation

Two thousand references and over 100 studies have been compiled for this volume which is part of a project called Programatic Research on Employment Preparation. Studies center on the transition from school to work for severely disabled youth.

Cost

Publisher

Human Resources Center, I.V. Willets &
Searingtown Road, Albertson, Long Island,
New York 11507

Additional Information

CHAPTER 23

Career Opportunities & Decision Making

Awareness of the range of career opportunities available to an invidual provides the foundation for effective career decision making. For the disabled population, this awareness has been hampered by stereotyping and lack of information.

Davis and Weinstraub (1978) note that handicapped adults are more frequently hired as service workers, clerks or laborers than are non-handicapped adults. Even taking into account the handicapping condition, many handicapped individuals cannot obtain employment at a level commensurate with their abilities. Related to Davis and Weinstraub's statement is the problem of stereotyping kinds of jobs which disabled people can perform. This stereotyping is characteristic of professionals, society as a whole, disabled people and their families. It is a critical limitation in career decision making. Assuming that there are only a few occupations in which disabled people can succeed effectively eliminates the need for self-exploration and career exploration so vital to adequate career development. Thus, opportunities for developmental experiences have been greatly curtailed. A statement in the Council for Exceptional Children Bicentennial Report (Jordon, 1976) expresses these ideas:

> For too long the concept of most educational programs has been that the handicapped individual will fit and be fitted into jobs at the skilled and unskilled level; too few handicapped individuals have been assisted in their own choices or in their own efforts to pursue higher education and/or go into a broad range of career choices. (p. 101)

A second concern involves the relative scarcity of information linking the abilities and limitations associated with various disabilities to career and job opportunities. Recently this aspect of career information has received increased attention. Research in job analysis, evaluation of physical abilities, and job redesign promises to broaden the scope of career opportunities available to handicapped individuals.

In working with handicapped individuals in the career exploration process, many of the techniques appropriate for non-handicapped individuals are suitable. Individual and group activities, interest and ability testing, and one-to-one counseling may be used. However, the decision making process may require more time for handicapped individuals since additional factors related to the disability must be considered.

One aspect of career exploration with handicapped individuals deserves particular attention. The need for realistic appraisal of expectations and goals cannot be overstated. In planning career choices, the realities of physical limitations and employment demands must be an ongoing consideration. For example, an individual who has severe speech problems needs to recognize the inappropriateness of choosing a career that depends heavily on spoken communication. This may seem so obvious. Yet, in reality, many handicapped people make inappropriate career decisions and invest themselves in training that has little likelihood of leading to successful employment (Guidance, Counseling and Support Services, 1977; McLarty & Chaney, 1974).

References

Davis, S. A., & Weinstraub, F. J. Beyond traditional career stereotyping. Journal of Career Education, 1978, 5 (1), 24-34.

Guidance counseling, and support services for high school students with physical disabilities. Cambridge, MA: Technical Education Research Centers, 1977.

Jordan, J. B. (Ed.). Exceptional child education at the bicentennial: A parade of progress. Reston, VA: The Council for Exceptional Children, 1976.

McLarty, C. L., & Chaney, J. A. The cerebral palsied. In R. E. Hardy and J. G. Cull (Eds.), Severe disabilities: Social and rehabilitation approaches. Springfield, IL: Charles C. Thomas, 1974.

Project Discovery: A "Hands On" Exploration System

Project Discovery
Southwest Iowa Learning Resources Center
401 Reed Street
Red Oak, IA 51566

Project Discovery is an exploration system using a combination of individualized, "hands-on", simulated work and guidance and counseling activities geared for a wide range of users. The system can be used to help individuals formulate career and/or vocational goals.

Regular Edition. Twenty-eight exploration packages and a guidance and counseling component comprise the "regular edition" of Project Discovery. The packages contain materials necessary to perform the work activities. These work activities as described by workers on the job were turned into individualized written instructions (5th and 6th grade reading level) with an appealing cartoon-style format. In performing these simulated work activities, participants gain experiences and a feeling for what it is like to perform certain work tasks. The guidance and counseling activities assist the participants in processing information they have learned about themselves while working through the packages.

Special Editions. These packages are especially designed for special needs populations including poor readers. Changes in the packages include a lower reading level (3rd and 4th grade); addition of an introductory book for each package; and revised set of guidance and counseling materials.

Discovery Exploration Packages:

- Construction Cluster
  1) Exploring Masonry Construction*
  2) Plumbing*
  3) Wall Covering--Interior and Exterior*
  4) Electricity*
- Transportation Cluster
  1) Auto Body Repair*
  2) Small Engine Repair
  3) Truckin'
- Business and Office Cluster
  1) Accounting and Bookkeeping*
  2) Exploring Gregg Shorthand
  3) Filing*
  4) Mail Handling
- Marketing and Distribution Cluster
  1) Sales Representative
  2) Exploring Grocery Clerking
  3) Banking and Credit Occupations
- Communications and Media Cluster
  1) So Ya Wanna Be An Artist
  2) Advertising and Editorial Design*
  3) Printing Processes*
- Public Service Cluster
  1) Working with Senior Citizens
  2) Career in Law Enforcement
  3) I Believe--Careers in Religious Service

- Agribusiness and Natural Resources Cluster
  1) Exploring Greenhouse Work*

- Consumer and Homemaking Cluster
  1) Waiter/Waitress
  2) Cleaning Maintenance*

- Health Occupations Cluster (sold only as a complete cluster)
  1) Preliminary Health Exploration
  2) Medical Patient Care
  3) Medical Emergency Service
  4) Dental Care
  5) Biological Sciences and Technology
  6) Medical Records

*Available in Special Edition

- Personal Services Cluster
  1) Skin and Nail Care
  2) Hair Care and Styling

- Manufacturing Cluster
  1) Machine Trades*

- Guidance and Counseling Component for Project Discovery

Materials can be purchased as a complete set or by individual packages.

Title Janus Job Planner

Subject HG Career Opp

Author Jew and Tong

Date 1976

Description

Workbook

Annotation

The Janus Job Planner can help individuals explore options and make career and life decisions. Readers are led through a series of simple, self-scoring inventories that help them assess their work-related interests, values, attitudes, and experiences, The Job Planner also helps them to make job choices, set goals for the future, and prepare a budget. The presentation of materials and the content makes this book appealing to both slow and better readers. Teacher's manual is included free.

Cost

Between $1. and $5.

Publisher

Janus Book Publishers, 3541 Investment
Boulevard, Suite 5P, Hayward, CA 94545

Additional Information

Title Employment of Handicapped People in Leisure Occupations

Subject HG Career Opp

Author Compton, D.M. and Vinton, D.

Date

Description

31 page softbound booklet

Annotation

This resource booklet contains job possibilities for employment in leisure-related occupations for individuals with handicaps.

Cost

free

Publisher

Committee on Recreation and Leisure,
President's Committee on Employment of
the Handicapped, Washington, D.C. 20210

Additional Information

Item Project on the Handicapped in Science

Category HG Career Opp

Description The Project on the Handicapped in Science objectives are to advocate for professionals and students engaged in science, and to develop a national center providing technical assistance on science education and careers to disabled individuals, their parents, teachers, employers, and others.

One of the products of the Project is a Resource Directory of Handicapped Scientists, (published in 1978 and available from the Project for $3.00), which contains biographical data on 552 disabled scientists who are available for consultation on program access or their own coping strategies.

The Project has also identified over 500 science teachers throughout the country who have been recommended by their school administrators as having effectively taught science to handicapped students. Many of these teachers have shared their experience with the Project, and have allowed their names and experiences to be given to those who contact the Project for assistance in teaching science to handicapped students.

The project publishes a newsletter, "Access to Science".

Address
Projects on the Handicapped in Science,
Office of Opportunities in Science,
American Association for the Advancement
of Science, 1776 Massachusetts Ave., NW,
Washington, D.C. 20036

Phone Voice/TTY (202) 467-4497

Additional Information Other publications: An Analysis of Handicapped Scientists' Coping Strategies: Implications for Teaching Handicapped Children, and Resource Guide to Counseling, Referral and Placement Services of Scientific Professional Associations: A Guide for Disabled Persons

Title Home Operated Business Opportunities for the Disabled

Subject HG Career Opp

Author

Date

Description

Annotation

This publication is designed for people who want to be self-employed. It provides important information about getting started in a home business and the opportunity to make a good living. This includes practical ideas and case histories which demonstrate how others have overcome obstacles involved. Businesses discussed include services, writing, farming, arts, selling and crafts. (source: National Resource Directory, National Spinal Cord Injury Foundation)

Pertains to competencies in the Occupational Guidance and Preparation domain.

Cost

$4.50

Publisher

Accent Special Publications, Box 700,
Bloomington, Illinois 61701

Additional Information

shipped postage paid
Illinois residents add 5% sales tax

Title Guidance Information System GIS Guide

Subject HG Career Opp

Author

Date

Description

softbound manual
75 pages

Annotation

This manual describes the computer-based information system which provides lists of occupations, colleges, financial aids and military occupations to meet individual needs.

Cost

Publisher

Time Share Corporation, 630 Oakwood Avenue, West Hartford, CT 06110

Additional Information

Title Science for the Physically Handicapped in Higher Education A Guide to Sources of Information

Subject HG Career Opp

Author Adams, Gary H.

Date 1979

Description

33 pages

Annotation

Cost

Publisher

Environmental Science Information Center,
Library and Information Services Div.,
D-82, 6009 Executive Boulevard, Rockville,
MD 20852
Telephone: (301)443-8330

Additional Information

Item National Theatre of the Deaf

Category HI Career Opp

Description

Major areas of activity are performance and training. It is a source of information on education and training of deaf persons as related to theatre.

Cross Reference: HI Leisure & Rec

Address

National Theatre of the Deaf, 305
Great Neck Road, Waterford, CT 06385

Phone

Additional Information

Item Louis Braille Foundation For Blind Musicians

Category VI Career Opp

Description

This foundation provides several services to blind musicians, including vocational training, job placement, job counseling and equipment needed to perform, including musical instruments. (source: Closer Look)

Pertains to competencies in the Occupational Guidance and Preparation domain.

Address

Louis Braille Foundation for
Blind Musicians, 215 Park
Avenue South, New York, NY 10003

Phone

Additional Information

CHAPTER 24

Vocational Evaluation

The terms vocational evaluation and work evaluation are both used to describe the diagnostic process that follows the completion of medical, psychological, educational, and social evaluations. Two definitions of these terms are frequently used by personnel in the field. Pruitt (1977) states:

> Vocational (Work) Evaluation is a comprehensive process that systematically utilizes work, real or simulated, as the focal point for assessment and vocational exploration, the purpose of which is to assist individuals in vocational development. Vocational (Work) Evaluation incorporates medical, psychological, social, vocational, educational, cultural, and economic data in the attainment of the goals of the evaluation process. (p. 3)

Brolin's (1976) definition is similar to Pruitt's, but more concise. He states, "Vocational (Work) Evaluation is a comprehensive process involving an interdisciplinary team approach to assessing an individual's vocational potentials, training and placement needs" (p. 81).

Purpose of Vocational Evaluation

Pruitt (1977) states that "the purpose of vocational evaluation is to provide an assessment of individuals who are vocationally handicapped, or those who may be vocationally handicapped at the time they enter the employment market" (p. 3). Vocationally handicapped people represent a wide range of individual differences, but have a common characteristic: they need evaluative services and vocational direction. The need may arise for a number of reasons — inability to obtain or hold a job, lack of vocational goals, lack of motivation toward work, or problems related to disability.

Role of Evaluator

It is important for the evaluator to seek both prognostic and diagnostic information. Other staff members working with the client need to know the client's potentials, strengths and learning style so that they can implement their parts of the rehabilitation plan. The term "vocational potentials" can be broken into the following components: 1) skills and abilities, 2) attitudes and interests, 3) personality or temperament, 4) values, motivation and needs, 5) physical capacities and work tolerance, 6) educability and trainability, 7) social skills and work habits, 8) work adjustment and employability, and 9) placeability and rehabilitation/habilitation feasibility. To achieve an accurate evaluation of an individual's vocational potential, the evaluator must possess extensive knowledge and skill in using appropriate evaluation materials, tools and processes.

The evaluator's first step is to review referral data and interview the client. This step precedes the development of an individualized evaluation plan. This evaluation plan is implemented with the client's (or guardian's) approval and co-management. In developing and implementing the evaluation plan, the skilled evaluator uses knowledge of disabilities, measurement and work, including job and career information. The skilled evaluator also is able to communicate effectively with the client and his/her significant others and with colleagues so he can report results in written and oral form. It is important for the evaluator to have mastered these areas of knowledge if the goals of evaluation are to be reached. While the ultimate goal of work evaluation is job placement, several intermediate issues must be scrutinized. The evaluator must assess whether the person can work at all (Neff, 1977). The evaluator must also have skills to assess the client's interpersonal skills on the job, the type of work or training that is appropriate, the client's specific work adjustment needs, and the aids or techniques required to accommodate handicaps.

Tools and Procedures of Vocational Evaluation

Approaches to evaluation may be described in many ways. Common procedures are outlined below.

Psychometrics: This involves use of standardized testing in areas such as aptitude, dexterity, interests, and related areas. Care should be taken not to duplicate results received from referral sources.

Rating Scales: These frequently are used to measure work performance in a workshop setting.

Job Analysis: It is often helpful to analyze the components of the job or work activity to assess worker performance (Neff, 1977), since the worker may perform well in some aspects of the work and poorly in others.

Work Samples and Work Sample Systems: As compared to psychometrics, clients often perceive work samples as representing "real" work activities (usually of an industrial or clerical nature). Work samples represent general work factors and job samples represent an actual job used for evaluation. Often these are developed locally to represent local employment opportunities. Work sample systems, such as the TOWER or JEVS, may be useful to assess a wide variety of work behaviors.

Situational Assessment: This procedure involves assessing a client in an actual or simulated work situation for the purpose of evaluation. Examples include work performance in an institutional work station, a workshop, or a job arranged in an industry.

Interviewing: The evaluator must know how to elicit information from clients, provide feedback to clients and assist clients in focusing on work options.

Work Adjustment: The evaluator can place a client in a work situation and then provide instruction for improving job performance so that he can evaluate how well the client is able to benefit from instruction.

Selecting Vocational Evaluation Materials

As a rule, commercially available vocational evaluation systems meet only a portion of the local evaluation needs. As a result, locally developed materials must be constructed to complement the purchased system. Before purchasing a system, the evaluator should consider four factors:

1. Compare the occupational activities found in the evaluation system to those available locally. For example, jewelry making aptitude may be an area of evaluation within a system; without a local outlet for such products or employment, this evaluation component has little utility.

2. Consider the population to be served; some systems are designed for use with one particular clientele.

3. Consider the amount of focus on evaluation, exploration and information. For example, some systems include activities that may be labelled "hands-on" occupational information. These materials are highly beneficial when there is a long period of evaluation that is planned for exploration as well. Most commercial systems include a recommended report format. Consulting this format often is a quick reference to the skills assessed by the system.

4. Costs are a fourth concern. Investment in a system must be justified by the quality of the system and how well it meets local evaluation needs. Pick a system that best meets local needs if it is mandatory that the system be purchased as a whole. Most evaluation centers obtain parts of several commercial systems and construct many of their own work and job samples. This process is highly recommended.

References

Brolin, D. E. Vocational preparation of retarded citizens. Columbus, OH: Charles E. Merrill, 1976.

Neff, W. S. Work and human behavior (2nd ed.). Chicago: Aldine, 1977.

Pruitt, W. A. Vocational work evaluation. Menomonie, WI: Walt Pruitt Associates, 1977.

Item VITAS (Vocational Interest, Temperament, and Aptitude System)

Category HG Voc Eval

Description

VITAS, sponsored by the Department of Labor, was introduced in 1979 by JEVS of Philadelphia as a new system of 21 work samples designed for use with CETA participants. VITAS relates to 15 Worker Trait Group Arrangements in the D.O.T. It assesses vocational strengths and weaknesses based on the individual's performance on the work samples. Vocational interest is assessed through a structured interview and the participant's responses to the tasks completed during the evaluation. Temperament is observed throughout the evaluation and results are recorded on a form that is provided. Vocational recommendations are made by matching these results to those required for the Worker Trait Groups. In addition to the work samples, standardized set-up, administration and scoring procedures are provided.

Training for one week in Philadelphia is provided for any facility purchasing the system. An administration manual is included with the system. For cost information, contact JEVS.

Address

Vocational Research Institute, Jewish
Employment and Vocational Service,
1624 Locust Street, Philadelphia, PA
19103

Phone (215) 893-5900

Additional Information

Item VIEWS (Vocational Information and Evaluation Work Samples

Category HG Voc Eval

Description

Developed by the Jewish Employment and Vocational Service of Philadelphia, the VIEWS is designed specifically for use with mentally retarded and learning disabled individuals. It is a series of hands-on activities using models, demonstrations and practice in a simulated work environment. The system measures the rate of learning, and quality of work and productivity. It also assesses interests and work-related behavior, and evaluates ability in four work areas. Each work sample utilizes an orientation, demonstration, training and production sequence. Sixteen samples comprise the system. Client norms and industrial standards are provided. The D.O.T. was used as a basis for system preparation.

Training for one week is provided in Philadelphia for each facility purchasing the system; technical consultation is provided through a site visit by a JEVS Work Sample specialist. The system consists of durable hardware that is easily stored and software (forms and a detailed handbook). Costs for the software are estimated at $2.00 per client client. VIEWS is available only as a total package. For other information regarding costs, contact the publisher.

Address

Vocational Research Institute, Jewish
Employment and Vocational Service, 1624
Locust Street, Philadelphia, PA 19103

Phone (215) 893-5900

Additional Information

Item VALPAR Component Work Sample Series

Category HG Voc Eval

Description

The VALPAR Evaluation System is based on more than 10 years of research. Each work sample is independent of the system in that each has its own manual, is individually packaged and may be purchased as an independent unit. Additional work samples are developed and periodically added to the system. The work samples are designed to measure universal worker characteristics. Examples of work samples include: discrimination, sorting, assembly, clerical, problem solving, electrical soldering and circuitry, print reading, drafting, money handling, range of motion/coordination, and peer relationships.

VALPAR is based on a "trait and factor" system, rather than D.O.T. Norms are available on both industrially employed persons and workshop clients. An attempt has been made to increase motivation of clients through the appearance and use of gaming in the design of the samples.

Purchasers of the system receive a comprehensive manual and handbook, plus periodic newsletters. Individual components range in cost from $400 to $750 (early 1979 prices). The complete system of 16 units would cost approximately $8300.

Address

VALPAR Corporation, 3801 E. 34th Street,
Tucson, AZ 85713

Phone (602) 790-7141

Additional Information

Item TOWER (Testing, Orientation, and Work Evaluation in Rehabilitation)

Category HG Voc Eval

Description The TOWER, developed in 1937 is the oldest vocational evaluation system. It includes approximately 110 work sample tasks designed to measure skills in 14 occupational areas: clerical, drafting, drawing, electronics assembly, jewelry making, machine shop, leather-goods, lettering, mail clerk, optical mechanics, pantograph, sewing machine operation, workshop assembly and welding. These tasks, patterned after actual jobs in industry and business, are administered in a simulated work setting. Qualitative and quantitative standards have been developed for each work sample based on the performance of non-handicapped workers. Norms developed primarily from the New York city area.

Persons undergoing evaluation may complete only those occupational areas that are appropriate for the individual. Also, if appropriate, only certain work sample tasks within an occupational area may be completed. At least one hand tool is utilized in most tasks. Instructions are usually given orally and may include a demonstration of the tasks.

Materials include the TOWER textbook, Evaluator's manual, one-drawer file case containing all needed printed materials, and a 30-minute color and sound film for the orientation of staff and clients.

Address

ICD Rehabilitation and Research Center,
340 East 24th Street, New York, NY 10010

Phone (212) 679-0100

Additional Information

The TOWER is being used less frequently today due to the age of the norms and their geographic bias. Too, the work sample tasks may or may not be representative of employment available in your community.

Item TAP (Talent Assessment Program) Vocational Evaluation System

Category HG Voc Eval

Description The TAP, a battery of 10 action-oriented tests, is designed to measure such areas as structural and mechanical visualization; discrimination by size, shape, color, and touch; large and fine dexterity with and without tools; perceptual visualization (ability to follow a flow path) and retention (memory) of structural and mechanical detail. All tests except one are to be explained to the client, demonstrated by the administrator and client, then administered. The purpose behind this procedure is to ascertain skill on the tasks rather than learning ability. Only one test involves the use of pencil and paper ability. The developer states these tests are not highly related to intelligence and that many mentally retarded persons score relatively high. TAP is useful with all low-language clients.

The TAP requires a minimum of 2-3 hours per client; an experienced TAP evaluator can administer the system to a small group. The tests are timed and scored for time and errors. The test manual lists jobs and occupations related to each test, but the results are not related to any classification system. The cost is approximately $3000; training is included in the purchase price.

Address

Talent Assessment Programs, 7015 Colby
Avenue, Des Moines, Iowa 50311

Phone (515) 255-9063

Additional Information

Item Singer Vocational Evaluation System

Category HG Voc Eval

Description This system, first known as the Singer/Graphlex, was developed by the Singer Company in the late sixties. The Singer VES is based on job simulation and offers the following job samples: Lab Technician, Production Machine Operating, Soil Testing, Cosmetology, Engine Service, Cooking and Baking, Sheet Metal, Masonry, Needle Trades, Refrigeration and Air Conditioning, Woodworking, Household and Industrial Wiring, Welding and Brazing, Plumbing and Pipe Fitting, Electrical Wiring, Drafting, Sample Making, Bench Assembly*, Sales Processing*, Medical Service*, Data Calculation and Recording*, Filing, Shipping and Receiving*, Packaging and Materials Handling*, and Electronics Assembly*.

The Singer VES uses audiotapes and filmstrips to present information. Typically the audio/filmstrip and other necessary equipment are arranged in individual carrels, one carrel per job sample. Instructions are given orally and visually, requiring little reading. The job samples were developed using job analysis based on the D.O.T. and staff research. Statistically based performance ratings are available. Materials may also be used for career exploration.

The packaging of the system may increase its appeal to clients and evaluators. Reportedly, quality of AV machines, filmstrips and tape has improved recently. Cost of individual samples range around $500.00, and the total system costs approximately $13,000.

Address

Singer Education Division, Career Systems,
80 Commerce Drive, Rochester, NY 14623

Phone (716) 334-8080

Additional Information

*These Job Samples have industrial norms but the others do not.

Item Micro-TOWER

Category HG Voc Eval

Description

A distinctive feature of the Micro-TOWER is that it is designed for group administration. It was field tested for three years in schools as well as in rehabilitation workshops. Norms are available for a diversity of settings: schools, rehabilitation agencies, hospitals, and correctional facilities.

The Micro-TOWER battery consists of 13 work samples: MOTOR SKILLS: Electronic Connector Assembly, Bottle Capping and Packing, Lamp Assembly; PERCEPTUAL SKILLS: Blueprint Reading, Record Checking, Zip Coding; PERCEPTUAL-MOTOR SKILLS: Graphics Illustration, Mail Sorting, Filing; VERBAL SKILLS: Message Taking, Want Ads Comprehension; NUMERICAL SKILLS: Payroll Computation and Making Change. The evaluator works for 3-5 days with one group of clients moving them from one work sample to the next. Audiotapes, demonstrations, and photobooks are used. Each work sample is preceded by a learning period during which additional instructions and assistance may be provided. Procedures used during actual administration, however, are standardized. Group discussions occur at the end of each day. The Micro-TOWER is useful for clients with low reading levels. Information on costs is available from the publisher.

Address

ICD Rehabilitation and Research Center,
340 East 24th Street, New York, NY 10010

Phone (212) 679-0100

Additional Information

Item McCarron-Dial Work Evaluation System

Category HG Voc Eval

Description

The McCarron-Dial System is based on a series of standardized tests, the McCarron Assessment of Neuromuscular Development, and two rating scales. These tests and scales are used to predict occupational performance of severely handicapped, mentally retarded and emotionally disturbed individuals. Performance levels range from activity center level to competitive employment.

The MDWES is based on the assumption that neuropsychological factors are most important in determining the level of potential for these groups. This system may be used for disability. Each client is first interviewed, then administered the tests she/he has not completed within the last year (assuming these recent scores are available). The rating scales are completed later when the client is in a simulated work environment. The time necessary to complete the system will be determined by available tests scores and client characteristics. The testing may last for only a few hours; the observations, however, must be completed over a five day period.

To adminsiter the system, the evaluator must complete a three day workshop and a take-home, objectively scored examination. The cost is approximately $600.

Address

McCarron-Dial Systems, Common Market
Press, P.O. Box 45528, Dallas, TX 75245

Phone (214) 247-5945

Additional Information

Item JEVS Vocational Evaluation System

Category HG Voc Eval

Description

The JEVS (Jewish Employment and Vocational Service) System was established through a contract from the Department of Labor to develop a system for evaluating disadvantaged persons. It is, however, used with handicapped persons as well. The D.O.T. forms the basis of this system. The system comes complete with evaluation manuals and scoring sheets for 28 work samples. The tasks are arranged in order of increasing difficulty in judgment, reasoning and ability. Some good features of this system are the behavioral rating sheets, the detailed instructions and the thorough reporting form. Also, most of the samples are packaged individually. However, some professionals have questioned the adequacy of the research and the adequacy of the number of samples in each worker trait group.

The complete battery of 28 samples should be administered and will require approximately 40 hours per client. Evaluators wishing to purchase this system must go to Philadelphia for a two week training period. The cost for the complete set of JEVS including training is between $8000-9000.

Address

Jewish Employment and Vocational Service,
1913 Walnut Street, Philadelphia, PA
19103

Phone (215) 561-6150

Additional Information

VISTA is a new system introduced by JEVS in 1979 designed for the disadvantaged; it may eventually replace the JEVS.

Item Hester Evaluation System

Category HG Voc Eval

Description

The Hester ES, developed at the Chicago Goodwill Industries, is composed of paper-pencil tests, performance tests and activities. Assessed skill areas include motor, perception, perceptual-motor and intelligence. Scores are fed into a computer. Analysis of the results, available from Hester headquarters, includes D.O.T. codes and job titles most appropriate for the individual. The system was revised in 1979 to include the fourth edition of the D.O.T. Hester states the system consists of 32 factor-pure tests that do not duplicate information given by other evaluation systems.

The Hester has not received widespread acceptance. Question has been raised as to validity of the tests and activities used in the system. In turn, the value of the computer print-out then becomes questionable.

Administration of the system takes approximately 8 hours and may be completed by a trained clerk or evaluator aide. The cost of the system is nearly $4000.

Address

Evaluation Systems Sales and Service,
Inc., 809 W. Madison, Chicago, IL 60607

Phone (312) 666-0394

Additional Information

Item Brodhead-Garrett Vocational Skills Assessment and Development Program

Category HG Voc Eval

Description

The Brodhead-Garrett materials, new in 1979, were developed to help school personnel meet vocational needs of special needs students. The system is both an evaluation and training system. It is divided into three phases: Preliminary Assessment Phase, Vocational Assessment and Occupational Development Phase, and Occupational Preparation Phase.

The program, designed for special needs students between the ages of 12 and 20, is to be conducted within the context of the students' present school environment. There is little reliance on paper-pencil tests. Goals are established for each phase and for the total program. The publisher describes the program as an "I.E.P. complete from first assessment to useful skills." The materials are well illustrated pictorially and include charts and materials necessary to implement the program.

Purchasers of the program will receive a complete curriculum guide compiled in a loose leaf notebook. The company must be contacted for prices and further information.

Address

Brodhead-Garrett Company, 4560 East 71st
Street, Cleveland, Ohio 44105

Phone (216) 314-0248

Additional information

Brodhead-Garrett is a compnay well known to secondary school industrial and vocational education teachers. States frequently have Brodhead-Garrett local representatives from whom they can obtain services.

Item COATS (Comprehensive Occupational and Training System)

Category HG Voc Eval

Description As the title of this system reflects, COATS is more than an evaluation system. This system was originally designed for use with high school students and persons in manpower programs; more recently it has become available to rehabilitation facilities.

The four basic components comprising this system are: Job Matching, Employability Attitudes, Living Skills and Work Samples. Each component can be used independently, but when all four are used together they constitute a comprehensive picture of the job-ready client. Each component contains three program levels: 1) assessment and analysis, 2) prescription and instruction, and 3) evaluation and placement.

All work samples are designed to be used in a work station (carrel) and have audio visual hardware that is simple to operate and compatible with many brands of AV equipment. Work samples can be individually administered with the use of a tape and screen and can be self-paced and computer scored. Work sample titles include: Drafting, Clerical/Office, Metal Construction, Sales, Wood Construction, Food Preparation, Medical Services, Travel Services, Barbering/Cosmotology and small engines. These work samples were derived from job analysis and simulate actual job environments. They cover tasks in areas where a large segment of the population is employed. One strength of this system is the computer print-out of results, which shows relationships to specific jobs.

Address

Prep, Inc., 1575 Parkway Avenue, Trenton,
NJ 08628

Phone (609) 882-2668

Additional Information

Prep, Inc. has printed some interesting, easy-to-understand research reports on the system. For cost information, contact the company.

Title Psychological Testing in Vocational Evaluation

Subject HG Voc Eval

Author Botterbusch, K.F.

Date 1978

Description

96 page softbound manual

Annotation

This publication was written to help the vocational evaluator wisely select and use tests within the context of the referral process and development of the individualized evaluation plan. Tests areas include achievement, reading, character and personality, intelligence, multi-aptitude, and vocations (clerical, interest, manual dexterity and mechanical ability).

Cost

$2.00

Publisher

Materials Development Center, Stout
Vocational Rehabilitation Institute,
University of Wisconsin-Stout, Menomonie,
Wisconsin 54751

Additional Information

Item WREST (Wide Range Employment Sample Test)

Category HG Voc Eval

Description

The WREST resulted from observations of movements and motions in rehabilitation workshop production. Norms were compiled for employees in workshops and in regular shops, industry, commerce and services. Thus, clients' productivity may be compared with workshop and industrial standards.

The WREST is composed of 10 brief and relatively uncomplicated performance samples. Administration for the entire system typically requires about ninety minutes. Tasks include single and double folding of paper, pasting, labeling, stuffing envelopes, stapling, packaging, measuring, assembling, tag stringing, collating, color and shade matching, and pattern matching.

Because of its performance orientation, WREST is especially suited for clients with low reading levels. However, the manual does not indicate how to relate the work samples to specific jobs, job families, D.O.T. or any other classification system. Also, there is no systematic plan for observing and recording client behaviors.

Address

Guidance Associates of Delaware, Inc.,
1526 Gilpin Avenue, Wilmington, DE 19806

Phone (302) 652-4990

Additional Information

The WREST is appropriate for use with culturally disadvantaged, hearing impaired, mentally retarded, and learning disabled clients.

Title Occupational Information in Vocational Evaluation

Subject HG Voc Eval

Author Fry, R.

Date 1978

Description 16 page softbound manual

Annotation

This publication encourages vocational evaluation professionals to consider the importance of providing clients with occupational facts and information. It provides direction for obtaining and using occupational information in the vocational evaluation process.

Cost $1.00

Publisher

Materials Development Center, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout, Menomonie, Wisconsin 54751

Additional Information

Title Principles and Practices of Measurement in Career Education for Handicapped Students

Subject HG Voc Eval

Author Halpern, A.

Date 1978

Description

Annotation

This describes the advantages and disadvantages of four types of measurement: applied performance testing, criterion validity studies, product vs. process measurement, and criterion vs. non-referenced measurement.

Pertains to competencies in the Occupational Guidance and Preparation domain.

Cost

Publisher

Division on Career Development, Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091

Additional Information

Item MDC Behavior Identification Format

Category HG Voc Eval

Description

This format serves as an aid to the observation, identification, and recording of work and work-related behaviors which may limit or enhance employment opportunities for disabled people.

Pertains to Competency 19, Exhibiting Appropriate Work Habits and Behaviors.

Address

Materials Development Center, Department
of Rehabilitation and Manpower Services,
School of Education, University of Wisconsin-Stout, Menomonie, WI 54751

Phone

Additional Information

Title Learning Assessment in Vocational Evaluation

Subject HG Voc Eval

Author McCray, P.

Date 1979

Description

18 page softbound manual

Annotation

The purpose of this publication is to help vocational evaluators understand: (1) how the concepts of learning and performance relate to vocational evaluation, (2) why learning assessment is important, and (3) how it may be incorporated into work sample training. By understanding these concerns, vocational evaluators will gain important insight into the relationships among learning, performance, and vocational assessment and thus provide more effective services to clients.

Cost

$1.00

Publisher

Materials Development Center, Stout
Vocational Rehabilitation Institute,
University of Wisconsin-Stout, Menomonie,
Wisconsin 54751

Additional Information

Title Evaluating Rehabilitation Potential of the Severely Handicapped

Subject HG Voc Eval

Author Sankovsky, R.

Date 1978

Description

93 page paperback book

Annotation

This is a guide for Rehabilitation Counselors to aid in decision making regarding vocational potential of severely handicapped clients. This focuses on rehabilitation potential, psychological testing, work sample systems, and resources.

Cost

Publisher

West Virginia Research and Training
Center, 1223 Myers Avenue, Dunbar,
West Virginia 25064

Additional Information

Title Guidelines for Establishing A Vocational Assessment System for the Special Needs Students

Subject HG Voc Eval

Author Scelpo, I. L. and Henry, W. C.

Date 1978

Description

manual

Annotation

This manual presents guidelines for vocational education administrators and evaluators concerning ways that vocational evaluation can be integrated into career education. Information on vocational assessment is offered followed by discussion of the relevance of vocational assessment to career development. A bibliography is included in the manual.

Pertains to competencies in the Occupational Guidance and Preparation domain.

Cost

Publisher

New Jersey State Department of Education
Division of Vocational Education
Trenton, NJ

Additional Information

ERIC: E D 154186

CHAPTER 25

Vocational Training

The term vocational training can be used in a number of ways. In some circles it denotes preparation for a particular job; to others the term differentiates specific professional training from liberal arts education. In most uses, the term vocational training overlaps considerably with vocational education.

For purposes of this Resource Guide, a relatively narrow definition of the term has been adopted. The vocational training section includes information on training to prepare for a particular job or occupation -- training that is not provided through colleges/universities or community colleges, since separate sections are provided for these programs. The vocational training section also includes information about program development of interest to vocational trainers.

Title Vocational Training and Placement of Severely Disabled Persons: Project Employability

Subject HG Voc Training

Author Wehman, Paul and Hill, Janet (Eds.)

Date

Description

monograph

Annotation

This monograph describes efforts at job training and placement of moderately and severely handicapped adults.

Pertains to competencies in the Occupational Guidance and Preparation domain.

Cost

Publisher

Department of Special Education, Virginia Commonwealth University, Richmond, VA 23284

Additional Information

Title Vocational Ins and Outs for Developmental Kids

Subject MR Voc Training

Author Balmer, Joann

Date

1977

Description

curriculum materials

Annotation

These materials describe the importance of vocational education for mentally retarded students and provide curriculum suggestions. It explains that tasks should be broken into graduated categories of sorting, measuring, manipulating, packaging, assembling, tending and recording. For each of these categories, there is information on testing, curricular tasks, and employment possibilities.

Pertains to competencies in the Occupational Guidance and Preparation domain.

Cost

Publisher

Additional Information

Available from: ERIC, E D 140536

Title Horizons for the Mentally Retarded

Subject MR Voc Training
AV

Author

Date

Description

16 mm, color
20 minutes

Annotation Illustrates how job analysis, utilized as part of a meaningful training program, can open up many important jobs for the retarded persons. Demonstrates that mentally retarded individuals adequately can perform highly technical jobs including keypunching, computer coding, and console operation. The staff at Albertson Training Center is currently determining how both disabled and retarded clients can be taught, via job analysis, to operate electronic computers. (source: Disability Attitudes: A Film Index) Available on loan from Northwest Region Special Education, Instructional Materials Center (SEIMC) University of Oregon, Eugene, OR 97403, Order No.431-F (503) 686-3591

Pertains to competencies in the Occupational Guidance and Preparation domain.

Cost

Free Loan
Rental: $4.75

Publisher

Additional Information Available for rent from:

Indiana University, Audio-Visual Center
Bloomington, IN 47401

Title Training for Tomorrow

Subject MR Voc Training
AV

Author

Date

Description

16 mm, black & white
14 minutes

Annotation

Focuses on the job evaluation and job training program carried out by the McDonald Center in Florida. This training center provides retarded clients an opportunity to learn job skills that can be utilized in the open job market. A retarded adolescent describes the training center and explains his own feelings about the types of job retarded individuals are capable of performing. Illustrates that individuals labeled "retarded" can develop a battery of vocational and social skills that will allow them to function independently. (source: Disability Attitudes: A Film Index)

Pertains to competencies in the Occupational Guidance and Preparation domain.

Cost

Publisher

Hillsborough Association for Retarded
Children, Inc., P.O. Box 22125, Tampa, FL
33622, Order No.429-F

Additional Information

Title Home Nursing

Subject HI Voc Training

Author

Date 1978

Description
Manual

Annotation

Home Nursing was written for older deaf students in high school as a home economics manual, but could be used to train nurse aides in hospitals. It covers the essentials of caring for ill family members, from infants to elderly people. It includes basic biology as well as actual procedures. Extensive chapters are included covering specific first aid procedures, self-defense, and drug abuse.

Cost
Between $1. and $5.

Publisher

New Jersey Vocational-Technical Curriculum
Laboratory, Rutgers University, 4103 Kilmer
Campus, New Brunswick, NJ 08903

Additional Information
Phone: (201) 932-3845

Title Key Punch Training

Subject HI Voc Training

Author

Date 1978

Description
Text

Annotation

This student text is designed to be used in conjunction with the actual machines in the classroom. Written for deaf students, it proceeds slowly in simple language. It discusses the parts of the machine, preparation for punching, operating the machine, programming, and verifying. The text covers the IBM 24, 26 and 39 card-punch machines and the 56 and 59 card verifiers. It includes 50 pages of exercises.

Cost
Between $1. and $5.

Publisher

New Jersey Vocational-Technical Curriculum
Laboratory, Rutgers University, 4103 Kilmer
Campus, New Brunswick, NJ 08903

Additional Information
Phone: (201) 932-3845

Item Joseph Bulova School of Watchmaking

Category HI Voc Training

Description

Courses in watchmaking and repair, lapidary (cutting and polishing stones), jewelry repair and clock repair are taught to orthopedically and hearing impaired students. It is estimated that about one-fifth of the graduates open their own businesses after completing training at the Bulova School of Watchmaking.

Cross Reference: OH Voc Training

Address

Bulova School of Watchmaking, 40-24 62nd
Street, Woodside, NY 11377

Phone

Additional Information

Item The Hadley School for the Blind

Category VI Voc Training

Description

Founded 1920, the school offers over 100 courses including courses for the blind in learning braille, high school, vocational, avocational, and college level subjects. Courses are taught by braille or audio cassettes. (source: The Directory of Accredited Home Study Schools 1978-1979)

Pertains to competencies in the Occupational Guidance and Preparation domain.

Address

The Hadley School for the Blind, 700
Elm Street, Winnetka, IL 60093

Phone

Additional Information

CHAPTER 26

College & University Programs

College and university programs meet the needs of disabled people through the provision of both direct and indirect services. Colleges and universities provide direct educational and training opportunities to disabled people that maximize the opportunities for personal and financial independence. There is increased availability of accessible facilities, student support services and program accessibility, especially in light of the legislative mandate of Secion 504 of the Rehabilitation Act of 1973 (see Handicapped/General "Legislation").

In addition, college and university student organizations--involving handicapped students, non-handicapped students or both--are striving to break down attitudinal and architectural barriers and to increase public awareness. Information is becoming increasingly available to college-bound handicapped people in the form of nationwide directories of campus and program accessibility, handbooks on financial aid, and information about special services published by individual institutions.

The indirect services provided by college and university programs are likely to have comparable impact on issues related to disabled people. Through community outreach efforts, colleges and universities provide services to handicapped people and those who work with them. One such program is conducted by the American Association of University Affiliated Programs for the Developmentally Disabled. The focus of the over 35 University Affiliated Programs is to meet the needs of developmentally disabled persons and to provide training for professionals and para-professionals working with them

College and university training of professionals in the fields of rehabilitation, medicine, psychology, education and social work is another component of indirect services to handicapped people. Colleges and universities are also involved with disability-related research efforts in prevention, treatment, cure and rehabilitation. They also publish many education and training materials in the field.

The section "College and University Programs" in the Resource Guide contains several areas of information. It includes resources of interest to college-bound handicapped students and information of interest to program developers or administrators of college and university programs.

Implementation of Section 504 of the Rehabilitation Act of 1973: Resources for Colleges and Universities

ISSUES AND ANSWERS FOR IMPLEMENTING SECTION 504. Available from: National Association of College and University Business Officers, 1 Dupont Circle, Suite 510, Washington, D.C. 20036. Cost: free. This article addresses questions regarding program and physical accessibility of colleges and universities relative to Section 504.

PLANNING FOR IMPLEMENTATION OF SECTION 504 AT COLLEGES AND UNIVERSITIES. Mistler, S., 1978. Available from: Regional Rehabilitation and Research Institute on Attitudinal, Legal and Leisure Barriers, George Washington University, 1828 L Street, N.W., Suite 704, Washington, D.C. 20036. Cost: single copies, free; 2-10, $1.00 each; 11 or more, $.75 each.

GUIDE TO THE SECTION 504 SELF-EVALUATION FOR COLLEGES AND UNIVERSITIES. Available from: National Association of College and University Business Officers, 1 Dupont Circle, Suite 510, Washington, D.C. 20036.

Item American Association of University Affiliated Programs for the Developmentally Disabled

Category HG Coll & Univ

Description

The focus of the over 35 UAF's is to meet the needs of developmentally disabled persons and to provide training for professionals and para-professionals working with disabled persons.

Address

American Association of University
Affiliated Programs for the Developmentally Disabled, 1100 17 Street, N.W.,
Suite 908, Washington, D.C. 20036

Phone

Additional Information

Item Association for Students with Handicaps

Category HG Coll & Univ

Description

This association is open to all student organizations and their members who are involved in disabled students activities in higher education. This new organization grew out of the 1976 conference at Wright State University in Dayton, Ohio, which was attended by organizers working with programs for handicapped in higher education.

Address

Association for Students with Handicaps,
Box 2, 800 21st Street, N.W., Washington, D.C. 20015

Phone

Additional Information

Title Getting Through College With A Disability

Subject HG Univ & Coll

Author

Date

Description

64 pages, softbound manual

Annotation

The guide provides a summary of general handbooks and directories on college programs, an overview of admissions requirements and 48 pages of college summary tables. These tables list those services available for all disabled students as well as services geared for blind, deaf and mobility impaired students at approximately 500 colleges, universities and community colleges.

Pertains to competencies in the Occupational Guidance and Preparation domain.

Cost

Publisher

The President's Committee on Employment of the Handicapped, Washington, D.C. 20210

Additional Information

U.S. Government Printing Office: 1977-72 0-065/6693.

Title Change Strategies and Disabled Persons: Postsecondary Education and Beyond

Subject HG Coll & Univ

Author Marx, Pat and Hall, Perry (Eds)

Date 1978

Description

Annotation

This paper reviews the second national conference on the physically disabled student at the postsecondary level. Topical areas include: advocacy, physical support services, employment, university administration.

Cost

Publisher

Handicapped Student Services, Wright State Univeristy, Dayton, OH

Additional Information Also available:

Proceedings of the Disabled Student on American Campuses: Services and the State of the Art, 1977

Title Programming An Adapted Physical Education Facility

Subject HG Coll & Univ

Author

Date

Description

Annotation

This resource provides guidelines for making college facilities adaptable for physical education programs.

Cost

Publisher

North Carolina State University-Raleigh,
School of Design, P.O. Box 5398, Raleigh,
NC 27650

Additional Information

Item Center for Program Development and the Handicapped

Category HG Coll & Univ

Description

This innovative center develops programs and aids to assist the most severely disabled students. Job development and career education for college students in the greater Chicago area is the main thrust of this program, but it has become a model for many university-based service delivery systems.

Address

Center for Program Development and the
Handicapped, City College of Chicago,
185 Wabash Avenue, Chicago, IL 60601

Phone

Additional Information

Title A Guide to College/Career Programs for Deaf Students

Subject HI Coll & Univ

Author

Date 1978

Description

99 pages

Annotation

This is a list of colleges that offer support services for the deaf, such as interpreter services, tutoring, notetaking, and career counseling.

Cost

free

Publisher

Additional Information

National Technical Institute for the Deaf, 1 Lomb Memorial Drive, Rochester, NY 14623
Telephone: (716) 475-6318
(716) 475-6173 (TTY)

Item Junior National Association of the Deaf

Category HI Coll & Univ

Description

The Junior National Association of the Deaf is a student organization concerned with the issues facing the deaf population.

Address

Junior National Association of the Deaf, Gallaudet College, 7th and Florida Avenue, N.E., Washington, D.C. 20002

Phone

Additional Information

Item Gallaudet College

Category HI Coll & Univ

Description

Gallaudet is a liberal arts college that offers undergraduate and graduate programs in a vast range of majors for students who are deaf. The College also sponsors a range of programs concerning deaf persons including the Pre-College Programs that provide education for students from onset of deafness through age 19. Gallaudet College is also an excellent resource for information and materials about deafness.

Address

Admissions Office, Gallaudet College,
7th Street and Florida Avenue, N.E.,
Washington, D.C. 20002

Phone TTY (202) 447-0841

Additional Information

Office of Public Information, Gallaudet
College, Kendall Green, Washington, D.C.
20002
Phone or TTY (202) 447-0411

Item William Rainey Harper College Hearing Impaired Program

Category HI Coll & Univ

Description

This college has an extensive program of support services available to hearing impaired students including interpreters and arrangements for notetakers. The college also has prepared extensive guidelines and sample applications for the hiring of qualified interpreters.

Address

William Rainey Harper College, Algonquin
and Roselle Roads, Palatine, IL 60067

Phone (312) 397-3000

Additional Information

Item National Technical Institute for the Deaf

Category HI Coll & Univ

Description

This program established in 1969 offers 46 major areas of study to deaf students including technical, professional and graduate training. Full-time enrollment of deaf students totalled 850 out of 6,258 in 1977-78. Seventy-seven percent of deaf students are from out-of-state. Numerous special services are available including interpreters, tutoring, notetaking services, personal counseling, and manual communication training.

Address

National Technical Institute for the
Deaf, Rochester Institute of Technology,
One Lomb Memorial Drive, Rochester, NY
14623

Phone (716) 475-6318

Additional Information

For additional information contact Admissions Office.

TTY (716) 475-6173

Item Masters In Social Work Program for the Hearing Impaired

Category HI Coll & Univ

Description

The graduate school center at the University of Maryland at Baltimore is organized on the assumption that hearing impaired persons can learn in a hearing system with no reduction in standards when proper support services are provided. (source: Disabled USA)

Address

Center for the Graduate Social Work,
Education of the Hearing Impaired,
University of Maryland at Baltimore,
School of Social Work and Community
Planning, 526 W. Redwood Street,
Baltimore, MD 21201

Phone (301) 528-3672

Additional Information

(301) 528-3674 TTY

Title Handbook for Blind College Students

Subject VI Coll & Univ

Author

Date

Description

Cross Reference:
VI Instruct Tech

Annotation

Contains a collection of helpful hints and suggestions and lists regional libraries, machine lending ageucies, braille presses, and print book enlargement agenices. (source: Closer Look)

Cost

$2.00

Publisher

Additional Information Available from:

National Federation of the Blind, 218
Randolph Hotel Building, Des Moines,
Iowa 50309

Title The College Guide for Students with Disabilities

Subject VI Coll & Univ

Author Gollay, E. and Bennett, A.

Date 1976

Description

545 page softbound book

Annotation

This detailed directory provides information on services, policies and accessibility of colleges and universities throughout the United States. Also lists financial aid sources.

Pertains to Competency 18, Selecting and Planning Occupational Choices.

Cost

$18.50 plus $1.50 shipping charge (if prepaid no shipping charge)

Publisher

Abt Associates, Inc., 55 Wheeler Street,
Cambridge, MA 02138

Additional Information

Community College Programs

Community college programs are vital resources in providing direct education and training to handicapped students and in serving to link community resources to meet the needs of handicapped citizens. Community colleges are especially appropriate for involvement with these roles for several reasons. Many community colleges have relatively modern facilities that are more likely to be architecturally accessible. Also, the positive connotation associated with participation in a community college-sponsored program is an important boon to the dignity and self-image of a handicapped individual. In addition, the orientation of most community colleges toward community outreach programs makes them a "natural" for involvement with handicapped concerns.

To facilitate instruction of handicapped students, many community colleges offer support services such as tutoring, counseling, guidance and assessment, and interpreter services. Adaptation of instructional techniques and equipment have facilitated the mainstreaming of handicapped students into "regular" classes. Creation of courses to meet the special needs of handicapped students is an avenue for unlimited services to handicapped individuals. These exemplify some of the possibilities for community college involvement in the provision of services to handicapped citizens.

The "Community College Programs" section in the Resource Guide contains several areas of information. It includes resources and information of interest to handicapped students as well as community college personnel.

Item The Association of Physical Plant Administrators of Universities and Colleges

Category HG Commty Coll

Description

This association is involved in facilitating expansion of higher education opportunities for handicapped individuals. They assist campuses with their efforts to comply with Section 504 of the Rehabilitation Act of 1973. Other services include a Hotline - (202) 234-1663; an information center; Project HEATH; and various forms of technical assistance. Technical assistance services include a directory of consultants and a speaker/consultant registry.

Address

Association of Physical Plant
Administrators of Universities and
Colleges, Eleven Dupont Circle, Suite
250, Washington, D.C. 20036

Phone (202) 234-1662

Additional Information

Item Association on Handicapped Student Service Programs in Postsecondary Education (AHSSPPE)

Category HG Commty Coll

Description

This organization collects and disseminates information about programs and advancements in the area of postsecondary education institutions serving disabled students. The organization has a newsletter which keeps interested persons informed about current legislation and litigation relative to higher education and the handicapped. AHSSPPE works as a communication network to keep campuses informed about programs for disabled students on various campuses. The organization also serves as a forum for professional sharing, sponsoring workshops and conferences on both regional and national levels.

Address

Association on Handicapped Student
Service Programs in Postsecondary Education, Box 8256, University Station,
University of North Dakota, Grnad Forks,
ND 58202

Phone (701) 777-3425

Additional Information

Title Tutorial Manual

Subject HG Commty Coll

Author

Date 1979

Description manual

Cross Reference:
HG Instruct Tech

Annotation

This manual includes up-to-date information available on tutoring programs for "non-traditional" or special needs students.

Cost free

Publisher Networks, Bronx Community College, Bronx, New York, 10453

Additional Information

Title Guidance Services for the Physically Disabled Two-Year College Student: A Counselor's Manual

Subject HG Commty Coll

Author

Date

Description 98 pages, softbound manual

Annotation

This counselor's manual is geared to help in the design and implementation of the range of procedures and services related to disabled students. It provides step by step "how to" information concerning the activities of the counseling office, Admissions and Registration, the faculty, financial aid, health services, placement office, library, bookstore, physical education, student government, self-help resources and administrative officials. It is an excellent practical guide to the provision of services for handicapped students.

Cost

Publisher State University of New York, 100 East 24th Street, New York, NY 10010

Additional Information Telephone: (212) 477-7180

Item	Independence College: A Special Program for Mentally Retarded Adults
Category	MR Commty Coll

Description

This monograph describes a community college program of special "mini" courses for individuals who are mentally retarded.

Address

Eastfield College, Dallas County
Community College District, Dallas
Association for Retarded Citizens
2114 Anson Road, Dallas, TX 75235

Phone

Additional Information

Title	Planning for Accessibility: A Guide To Developing and Implementing Campus Transition Plans
Subject	HG Commty Coll
Author	Milner, Margaret
Date	

Description

Annotation

This resource is designed to aid administrators in making their campuses accessible to handicapped people in accordance with Section 504 of the Rehabilitation Act of 1973.

Cost

Publisher

Association of Physical Plant Administrators, Eleven Dupont Circle, Suite 250,
Washington, D.C. 20036

Additional Information

Item Center for the Physically Disadvantaged, The Community College of Denver

Category HI Commty Coll

Description

This two-year college offers "mainstreamed" courses for disabled students. This unique community college provides nearly 100 different kinds of support services to physically disabled and deaf students.

Address

The Community College of Denver, 3645 W.
112 Avenue, Westminister, CO 80030

Phone (303) 466-8811, Ext. 250, 251

Additional Information

Title Report of the Community College Data Collections Project

Subject CP Commty Coll

Author Heliotis, J. and Edgar, E.

Date 1979

Description

Cross Reference:
CP Attitudes

Annotation

A report in which United Cerebral Palsy and American Association for the Education of Severely/Profoundly Handicapped analyze the situation at Shoreline Community College, in terms of both physical and attitudinal barriers confronting students with cerebral palsy.

Cost

Publisher

American Association for the Education of
the Severely/Profoundly Handicapped and
United Cerebral Palsy, Center of King
County, Seattle, Washington

Additional Information

CHAPTER 27

Adult & Continuing Education

Innovative programs in adult and continuing education have demonstrated their unique versatility in responding to the needs of handicapped citizens. They can provide readily available resources to teach handi-capped adults independent living, academic, recreational and social skills. There is sufficient flexibility to mainstream handicapped participants into "regular" courses, as well as to develop courses tailored to meet specific needs of handicapped groups. The possibilities seem limitless.

One model of continuing education for handicapped people has been particularly successful. The Metro College for Living in Denver, Colorado, was established in 1974. "The purpose of the Metro College for Living is to assist adults with developmental disabilities to learn community living skilsl through a low cost program in a college setting" (Black & Osaki, 1978, p. 7). For their purposes, developmental disabilities includes mental or physical handicaps, cerebral palsy, epilepsy, autism and dyslexia which occurs before age 21. The College for Living courses used the facilities of the Metropolitan State College, a setting which "contributed to normalization, socialization and increased motivation to learn" (Black & Osaki, 1978, p. 5). The College for Living offered a new experience to the students, many of whom had spent the majority of their lives in isolated residential facilities. Teachers for the program were volunteer para-professionals from various departments of Metropolitan State College and area social service agencies. Faculty members of the Metropolitan State College provided consultation and guidance to the program. At least 23 programs across the nation have patterned after the Metro College for Living Program.

Resources and information in the "Adult and Continuing Education" section of the Resource Guide include information about available adult and continuing education programs, as well as resources and curriculum materials appropriate for use in such programs.

Reference

Black, J., & Osaki, L. Program Evaluation. Denver, CO: Metro College for Living, 1978.

Item College for Living: Continuing Education for the Handicapped

Category HG Adult Ed

Description

This is a Title IA program designed to train volunteer instructors to teach socialization and survival courses for individuals with various disabilities including developmental disabilities, visual and hearing impairments and orthopedic handicaps. This program is an expansion of "The Northern Virginia College for Living" and includes the cooperation of members of the Consortium for Continuing Higher Education in Northern Virginia, Galludet College and more than 30 area agencies. Courses include a variety of personal awareness topics, hobbies, crafts and daily living skills.

Pertains to competencies in the Daily Living and Personal-Social domains.

Address

NVCC, Annandale Campus, 8333 Little
River Turnpike, Annandale, VA 22003

Phone 323-3168

Additional Information

Item Metro College for Living

Category MR Adult Ed

Description

This College for Living program has served as a model for continuing education programs designed to assist handicapped adults in learning community living skills. The courses are taught by volunteer para-professionals at facilities of a local college. This setting contributes to normalization, socialization and increased motivation to learn. The College for Living provides a new experience to handicapped adults, many of whom have been isolated in residential facilities most of their lives.

Address

Metro College for Living, 1006 11th
Street, Box 92, Denver, CO 80204

Phone (303) 629-2917

Additional Information

Title Campus Life for Retarded Citizens

Subject MR Adult Ed

Author Corcoran, Eileen L.

Date 1979

Description

Annotation

A continuing education credit-free course entitled Basic Skills in Independent Living is available for mentally retarded individuals at State University of New York/Brockport. The course, which can be repeated on an ongoing basis, offers the students use of campus facilities including snack bar and lounges, and physical education facilities. The basic skills course includes offerings in a variety of sports and minicourses such as human sexuality, crafts, disco dancing, cooking and public safety. Student volunteers coordinate and work closely with students in the Basic Skills course. A social period at the close of each evening also serves a variety of purposes.

Cost

Publisher

Education Unlimited, Vol.1, No.1, April
1979

Additional Information For more information contact:

Department of Curriculum and Instruction
State University of New York, College at
Brockport, New York

CHAPTER 28

Work Adjustment

Work adjustment is a comparatively new discipline that has developed primarily in rehabilitation facilities. Personnel responsible for adjustment services perform their duties under a myriad of titles. Many of these practitioners believe the title of adjustment services is more descriptive than work adjustment because it reflects the clients' needs to improve daily living and personal-social skills as well as occupational skills.

Definition

Work adjustment is a process used by rehabilitation personnel to help clients with improper or inadequate skills to change, adapt or improve these skills to meet the requirements of work. The ultimate goal of the work adjustment process is to increase client performance so it will, at the very least, fulfill employers' minimum standards.

Role of Work Adjustment Staff

Work adjustment staff use real or simulated work situations as the training medium. Frequently they use the simulated work setting, a rehabilitation workshop, to work with clients on industrially related tasks, such as packaging and sorting. In addition to client information available from records, the work adjustment staff members carefully observe the client's manner of approaching tasks, bodily movements during job performance, ability to stay on task and response to fellow workers and supervisors. They also check attendance, punctuality and production. The goal is to train the worker to achieve maximum productivity so the individual can be mainstreamed both in both in work and society. It also is important that interpersonal and daily living skills are adequate to enable the person to obtain transportation, maintain employment, find suitable housing, and function alone or with others.

The Skills of Adjustment Staff

Approaches used by adjustment staff are quite varied. Major approaches are discribed as follows:

Instructing clients verbally, alone or in conjunction with demonstrations, is perhaps the most frequently used approach by adjustment staff.

Demonstration and modelling may be used by a staff member or by another selected person. The work process is demonstrated step by step to show the client how to perform the task(s).

Individual counseling involves the client and adjustment staff member working together to understand the problems involved and to develop solutions. Counseling is done in the shop as well as in the office. Adjustment staff members frequently use individual counseling sessions in the office as opportunities to identify the client's goals and objectives. Knowing these is essential for developing the individual's adjustment or training plan.

Group counseling may be used when several workers are having difficulty adjusting to the work situation. In this case, counseling may occur on a regular basis. The purposes for group counseling may be more broad than with other approaches. The leader may encourage members to clarify their feelings about their individual situations in addition to their performance in the program.

Behaviorally oriented procedures are being accepted as promising ways of assisting people to change. Principles of reinforcement, desensitization, and goal setting are utilized.

The term training is used in a variety of ways in adjustment services. It may be used as a general term to describe everything that occurs within a program. It also can be used to refer to general work training -- attendance, punctuality, staying on task, developing work endurance -- as well as to refer to specific work training programs at schools or on the job. Regardless of how the terms training and work adjustment are used, the common denominator is planned work experience.

Developing a Program

Program development occurs at two levels. With implementation of the Rehabilitation Act of 1973, adjustment staff are required to develop a separate individual work adjustment plan or an adjustment plan as part of the total individual written rehabilitation plan. In either case, the materials available in case records and those gathered from client interviews are integrated to form an adjustment plan that becomes the guide for services during the adjustment phase of rehabilitation.

The other aspect of program development involves staff development and improvement of work adjustment services. This area includes program evaluation and inservice training for staff. Work adjustment staff need to know about individual and group counseling, behavior management, supervision and feedback systems, goal setting, and instructional methods -- all of which are important in working with individuals to reach personal and vocational goals.

References

Brolin, E. D. *Vocational preparation of retarded citizens*. Columbus, OH: Charles E. Merrill, 1976.

Dunn, D. J. *Adjustment services*. Menomonie, WI: Research and Training Center of the University of Wisconsin-Stout, 1974.

Esser, T. J. *A structured guide for selecting training materials in adjustment services*. Menomonie, WI: Materials Development Center of the University of Wisconsin-Stout, 1977.

Neff, W. S. *Work and human behavior*. Chicago: Aldine, 1977.

CHAPTER 29

Placement

Job placement -- the procedures involved in obtaining appropriate employment -- is by no means a simple process. A myriad of factors impinge upon success of placement efforts. These factors may involve the job applicant -- is that person skilled and job ready, does the individual possess sufficient job seeking skills? Likewise, the factors may involve the employment -- is the employer open-minded about hiring an employee who has a disability, can modifications in the setting, the equipment or the task itself accommodate the disability?

Often, in job placement of handicapped people, a job placement specialist, rehabilitation counselor or personnel director may become involved. Placement personnel can intervene in any number of ways. Job placement professionals frequently help individuals attain job seeking skills. They may arrange contacts between employers and qualified applicants. They often become involved in assisting with adaptive job modifications and follow-up concerning the worker's adjustment on the job. Employers' attitudes toward hiring disabled workers is also a major focus for placement personnel.

Implementation of the following recommendations can facilitate job placement of handicapped individuals.

1. Keep in mind that the job placement process may take longer when working with handicapped people. More sessions of shorter length may be necessary if the individual tends to tire easily (McLarty & Chaney, 1974). Additional assessment may be required to identify appropriate alternatives.

2. The process of placing handicapped workers in suitable employment calls for creative innovation. Make use of every possible resource in exploring ways to adapt equipment or job procedures to accommodate the disability. Keep abreast of the literature in placement journals; become familiar with adaptive techniques used by large companies (they frequently prepare literature and AV presentations concerning these innovations); and consult with local resources that might be able to tailor-make adaptive aids to fit particular needs.

3. Realistic appraisal and consideration of individual strengths and limitations is essential. Focus on one of these aspects to the exclusion of the other can be very detrimental (McLarty & Chaney, 1974).

4. Intermediate steps may be useful. For example, arrangement for a trial period on the job may alleviate concerns of the employer or the job applicant.

400

5. In addition to general job seeking skills, make sure the applicant is well-prepared to handle employer's questions about the disability. Prepare the person to answer these questions in a realistic yet positive manner. Role playing of the job interview is an excellent tool.

6. Whenever possible, provide applicants with factual data to prepare them to respond to employers' common myths about disabled workers — myths involving absenteeism, accident rates, insurance costs, and workmen's compensation (Guidance, Counseling, and Support Services, 1977).

7. Help plan and conduct educational and awareness building programs for employers in the community. A wealth of literature (much of it free) is available as well as audio-visual materials and exercises to build awareness about handicapped concerns and related legislation.

This section of the Resource Guide, Handicapped/General "Placement," includes a wide variety of resources and information — indicative of the range of factors involved in the job placement process. To facilitate use of materials in the section, it is divided into four subsections:

1. Resources for Job Placement Counselors, Administrators and Program Directors

2. Employer Information and Attitudes about Hiring Disabled People

3. Resources for Job Seekers

4. Job Opportunities

References

Guidance, counseling and support services for high school students with physical disabilities. Cambridge, MA: Technical Education Research Centers, 1977.

McLarty, C. L., and Chaney, J. A. The cerebral palsied. In R. E. Hardy and J. C. Cull (Eds.), Severe disabilities: Social and rehabilitation approaches. Springfield, IL: Charles C Thomas, 1974.

1. RESOURCES FOR JOB PLACEMENT COUNSELORS, ADMINISTRATORS AND PROGRAM DEVELOPERS

40

The Job-Related Physical Capacity Research Project

Center for Labor Research and Studies
Florida International University
Miami, Florida 33199
(305) 552-2513

This project is funded by the National Occupational Information Coordinating Committee (NOICC) and sponsored by Florida's Committee (FLOICC). It is designed to create an appendage to career choice systems that will help handicapped persons make more effective career decisions.

The project is identifying physical capacities measurement systems and correlating them with physical demand elements of specific jobs. The resulting matrix will define job tasks in measurable physical capacities terms, and physical capacities in job-task terms. Using this matrix, jobs and clients can be measured so that resulting gaps provide the basis for therapeutic goals, modifications, and assistive devices. The matrix also provides an objective basis for definition of competency-based performance standards and criteria for determining qualified handicapped individuals.

A major challenge of the project is the development of the methodology to link physical capacities measurements and job analysis terms. At present each field uses vastly different languages.

In working with disabling conditions, the project is using a system that focuses on functional limitation rather than disability categories per se. This system, which is presented on the following pages, offers a useful alternative to traditional classification techniques.

Results of the Job-Related Physical Capacities Research Project will be available at the end of summer 1980.

The Functional Limitations and Some Related Disabilities*

1. Difficulty in Interpreting Information. Persons with this limitation have some limited understanding of spoken or written information. Approximately 7% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

   Cerebral palsy
   Cerebrovascular accidents (stroke)
   Mental retardation

2. Limitation of Sight. Persons with this limitation include those who cannot read newspaper-sized print, are legally blind (20/200 vision), have vision field defect of 10% or less, or have hemianopsia (one-sided vision). Less than 1% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

   Arthritis (steroid implications)
   Cancer
   Cataracts
   Cerebral palsy
   Cerebrovascular accidents
     (hemianopsia)
   Congenital or traumatic blindness
   Diabetes retinopathy
   Glaucoma
   Retina degeneration
   Trauma
   Tunnel vision

3. Limitation of Hearing. Persons with this limitation cannot understand usable speech with or without amplification. Approximately 3% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

   Agenesis of the pinna
   Brain damage
   Cancer
   Complications of other diseases
   Congential or traumatic loss
   Ostosclerosis

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*Taken from James Mueller, Designing for Functional Limitations (Washington, D.C.: Job Development Laboratory, The George Washington University), 1979. Percentages of affected population taken from the National Academy of Science, 1976.

4. Limitation of Speech. Persons with this limitation have slow and/or indistinct speech, or use non-verbal communication. Approximately 4% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

Brain damage
Cancer
Cerebral palsy
Cerebrovascular accidents (stroke)
Hearing disorders

5. Susceptibility to Fainting, Dizziness, Seizures. Persons with this limitation experience inducible or spontaneous fainting, dizziness, and/or seizures. Approximately 2% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

Cardiac conditions
Cerebral palsy
Epilepsy

6. Incoordination. Persons with this limitation experience lack of control in placing or directing their extremities (spasticity). Approximately 1% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

Ataxia
Cerebral palsy
Cerebrovascular accidents
Hemiplegia
Multiple sclerosis
Parkinson's Disease

7. Limitation of Stamina. Persons with this limitation experience shortness of breath and/or abnormal elevation of blood pressure due to mild physical exertion. Approximately 3% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

Asthma
Arthritis
Cardiac conditions
Cerebral palsy
Cerebrovascular accidents (stroke)
Chronic bronchitis
Cystic fibrosis
Emphysema
Hypertension
Multiple sclerosis
Muscular dystrophy
Myasthenia gravis
Parkinson's Disease
Renal disease
Scoliosis/lordosis/kyphosis
Spinal cord injury
Tuberculosis

8. Difficulty in Moving Head. Persons with this limitation cannot easily look up, down, and/or to the side. Approximately 1% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

Arthritis
Cerebral palsy
Contractures due to burns
Muscular dystrophy
Neck brace wearers
Parkinson's Disease
Torticollis

9. Limitation of Sensation. Persons with this limitation have impaired nerve reception (heat, touch, pain, pressure) in various parts of the body. Approximately 1% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

Cerebrovascular accidents (stroke)
Spinal cord injury
Trauma

10. Difficulty in Lifting and Reaching with Arms. Persons with this limitation experience decreased mobility, range of motion, and/or strength in their upper extremities. Approximately 6% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

Cardiac conditions
Cerebral palsy
Congenital deformities
Multiple sclerosis
Muscular dystrophy
Spinal cord injury

11. Difficulty in Handling and Fingering. Persons with this limitation experience decreased mobility, range of motion, and/or strength in their hands. Approximately 1% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

Amputations
Arthritis
Bilateral hemiparetic
Cardiac disorders
Cerebral palsy
Cerebrovascular accidents (stroke)
Congenital deformities
Dupuytren's contracture
Multiple sclerosis
Muscular dystrophy
Myasthenia gravis
Parkinson's Disease
Polymyositis
Severe burns
Spinal cord injury
Syringomyelia

12. Inability to Use Upper Extremities. Persons with this limitation experience complete paralysis, severe incoordination, or loss of upper extremities. Approximately 2% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

Amputations
Arthritis
Cerebral palsy
Congenital deformities
Polio
Spinal cord injury

13. Difficulty in Sitting. Persons with this limitation experience lack of strength, restriction of motion, and/or lack of trunk control in

bending, turning, or balance. Approximately 5% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

Arthritis of the spine or hips
Congenital deformities
Scoliosis/kyphosis/lordosis
Spinal cord injury

14. Difficulty in Using Lower Extremities. Persons with this limitation experience slowness of gait, impairment of kneeling, rising, walking, standing, and/or stair-climbing. Approximately 4% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

Arthritis
Cancer
Cardiac disorders
Cerebral palsy
Cerebrovascular accidents (stroke)
Congenital deformities
Hemophilia
Multiple sclerosis
Muscular dystrophy
Parkinson's Disease
Spina bifida
Spinal cord injury

15. Poor Balance. Persons with this limitation find it difficult or impossible to maintain balance when moving or when stationary (standing, walking, rising, stair-climbing). Approximately 2% of the U.S. population is affected to some degree. This limitation may be experienced by persons having any of the following disabilities:

Amputations
Ataxia
Cerebral palsy
Cerebrovascular accidents (stroke)
Deafness
Dystonia musculorum deformans
Multiple sclerosis
Muscular dystrophy
Parkinson's Disease
Spinal cord injury

Articles on Job Placement of Handicapped Individuals

The following articles on job placement are from Rehabilitation Counseling Bulletin, 1977, 21 (2):

"A Critical View of Job-Placement Inquiry" by Stephen T. Murphy, pp. 166-174. This article proposes that rehabilitation researchers should develop methods of inquiry that could provide an internal view of placement process by persons who have experienced it.

"Employment-Seeking Preparation and Activity: An Experimental Job-Placement Model for Rehabilitation Clients" by Robert O. Keith et al., pp. 159-165. This article presents results of a study examining effects of an innovative job placement approach. Clients were taught job-seeking behaviors on an individual and self-help basis. Placement rate of experimental group was significantly higher than control group.

"Job-Finding Club: A Group-Assisted Program for Obtaining Employment" by N. H. Azrin et al., pp. 130-139. This describes a new group program utilizing techniques such as a "buddy" system of mutual assistance among job seekers, family support and sharing of job leads. Results indicate 90 percent of counseled job seekers obtained employment as compared to 55 percent of non-counseled seekers.

"Job Placement: Strategies and Techniques" by Elizabeth B. Minton, pp. 141-149. Article categorizes job placement into four phases: client development, job development, client placement, and follow-up. It gives practical suggestions for providing services in each area.

"Job Seeker's Aids: A Systematic Approach for Organizing Employer Contacts" by Richard P. Ugland, pp. 107-115. This is a step-by-step procedure that rehabilitation counselors can use to help clients locate and visit places of employment to identify and apply for job openings.

"Placement: Beyond the Obvious" by Thomas W. Flannagan, pp. 116-120. This article is geared for the counselor who is refining job placement skills and wishes to gain innovative ideas about placement procedures.

"A Placement System Develops and Settles: The Michigan Model" by David Molinaro, pp. 121-129. This paper describes development and implementation of a job placement system which includes specialized units to facilitate job development and job placement.

"A Review of Research on Job Placement" by Jerry J. Zadney and Leslie F. James, pp. 150-157. This reviews recent research on the effectiveness training in job seeking skills. It points to promising alternatives to selective placement for clients who are capable of independent job search.

Title Jobs for the Handicapped: A New Era In Civil Rights

Subject HG Placement

Author Koestler, F.A.

Date 1978

Description

pamphlet

Annotation

. Pertains to Competency 22, Seeking, Securing, and Maintaining Employment.

Cost

Publisher

President's Committee on Employment of the
Handicapped, Washington, D.C. 20210

Additional Information

Public Affairs Pamphlet No.557

Item Civil Service Commission: Interagency Committee on Handicapped Employees

Category HG Placement

Description

By law, this committee looks after interests of disabled employees. It identifies and relieves problems of hiring, job restructuring, and architectural/transportation barriers to employment.

Address

Civil Service Commission, 1900 E.
Street, N.W., Room 6514, Washington,
D.C. 20415

Phone (202) 632-4437

Additional Information

Title Homebound

Subject HG Placement AV

Author

Date

Description

16 mm, color film,
14 minutes

Annotation

The film demonstrates the feasibility of homebound employment of severely disabled persons in information-handling jobs.

Cost

Free loan

Publisher

Additional Information

Available from: National Audiovisual Center, General Services Administration, Washington, D.C. 20409

Item State Job Service Program for the Handicapped

Category HG Placement

Description

This program seeks to provide disabled persons with equal opportunities for employment and equal pay in competition with other applicants. The goal is for employment at the highest skill level permitted by physical abilities as well as adjustment to chosen occupations.

Pertains to Competency 22, Seeking, Securing, and Maintaining Employment.

Address

Employment and Training Administration,
U.S. Department of Labor, 601 D Street,
N.W., Room 8408, Washington, D.C. 20213

Phone

Additional Information May contact any of 10 regional offices of Department of Labor: Boston, MA, New York, NY, Philadelphia, PA, Atlanta, GA, Chicago, IL, Dallas, TX, Kansas City, MO, Denver, CO, San Francisco, CA, Seattle, WA

Title Job Placement and Adjustment of the Handicapped: An Annotated Bibliography

Subject HG Placement

Author Kowle, C. P.

Date 1979

Description

Annotation

This bibliography cites a combination of journal articles and documents in the areas of vocational training, job placement, cooperative work experience, employment of handicapped persons, and related topics.

Pertains to competencies in the Occupational Guidance and Preparation domain.

Cost

Publisher

National Center for Research in Vocational Education, The Ohio State University, 1960 Kenny Road, Columbus, OH 43210

Additional Information

Information Series #146

Title A Review of Placement Services Within A Comprehensive Rehabilitation Framework

Subject HG Placement

Author Jacobson, R. J., Vandergoot, D., Avellani, P.

Date 1978

Description

Annotation

The report identifies services intended to improve disabled persons employment status. Programs beyond the general scope of rehabilitation were sought including programs administered by government agencies, unions, school and college programs, and private employment agencies.

Pertains to Competency 22, Seeking, Securing, and Maintaining Employment.

Cost

Publisher

Additional Information

Available from:
Human Resources Center, Albertson, Long Island, New York 11507

Phone: (516) 747-5400

Title Placement Services: A Training Manual

Subject HG Placement

Author Burt, S. E., et al.

Date 1977

Description

Book

Annotation

The manual is a self-paced instructional tool for school administrators who need to develop job placement programs in their schools. The manual consists of twelve chapters that describe how to set up, operate, budget, staff, and manage a job placement program. Along with selected bibliographies, each chapter has a section on adapting the model to your own system's particular needs. The appendixes include case studies and organizational models of other successful programs plus sample forms for evaluating referrals and more.

Cost

Between $5 and $10

Publisher

Administrative Resources Division, Capitol
Publications, Inc., 2430 Pennsylvania
Avenue, N.W., Washington, D.C. 20037

Additional Information

Title Placement of Developmentally Disabled Individuals Into Competitive Employment: Three Case Studies

Subject HG Placement

Author Wehman, P., Hill, J. W. and Koehler, F.

Date

Description

journal article, 8 pages

Annotation

This article describes Project Employability, a job training and placement program funded by the Virginia Department of Rehabilitative Services and coordinated by Virginia Commonwealth University. It presents data about the successful job training and competitive placement of three severely disabled clients - an individual with an IQ of 27, another with an IQ of 51 and a quadraplegic individual with spastic cerebral palsy. These clients were given intensive training specific to the exact requirements of the jobs in which they were to be placed.

Cost

Publisher

Education and Training of the Mentally Retarded, Volume 14, November 4, December 1979.

Additional Information

for more information about Project Employability, contact one of the authors at Virginia Commonwealth University, Richmond, Virginia

Title Vocational Reintegration of Handicapped Workers With Assistive Devices

Subject HG Placement

Author Cooper, N. E.

Date 1977

Description

Journal Article

Annotation

Two approaches to vocational integration of handicapped workers are presented: (1) Adaptation to the working environment via treatment, therapy, counseling, selective placement, and prosthesis, (2) Adaptation of the working environment to particular handicaps, e.g. assistive devices fitted to the machine or tool rather than the worker.

Pertains to Competency 22, Seeking, Securing, and Maintaining Employment.

Cost

Publisher

International Labor Review, 1977, 115 (3)

Additional Information

Available from: ERIC (EJ 165380)

Item The Job Development Laboratory

Category HG Placement

Description The Job Development Laboratory began in 1973 as the result of a successful project at the George Washington University Rehabilitation Research and Training Center. This Homebound Employment Project, which concluded in February 1978, was geared toward successful placement of persons with severe disabilities. Placement efforts included jobs such as accounts maintenance, computer operator, insurance claims adjuster, microfilm operator and information-handling positions. A final report of the project, "Job Development and Enhanced Productivity" (1979) is available for $6.00.

Current activities of the Job Development Laboratory include:

- Job Placement Models for State VR Agencies: to assist in implementation of effective job placement within VR agencies.
- Human Engineering Related to Disabilities: focus on modifying the environment to include the disabled person.
- Vocational Intervention for the End-Stage Renal Disease Clients.

Address

George Washington University, Rehabilitation Center (RT-9), Room 420, 2300 I
Street, N.W., Washington, D.C. 20037

Phone (202) 676-3847

Additional Information

Title Guide to Job Placement of Mentally Retarded Workers

Subject MR Placement

Author Fraenkel, W. A.

Date 1977

Description

20 page booklet

Annotation

This guide is geared for employers, vocational rehabilitation personnel, placement specialist and others involved in placement of mentally retarded persons. Includes occupational grouping which qualified mentally retarded in individuals can perform, major recruitment sources, guidelines to help the employer choose appropriate work for the applicant, hints in conducting the job interview and follow-up assistance.

Pertains to Competency 22, Seeking, Securing and Maintaining Employment

Cost

Publisher

President's Committee on Employment of the Handicapped and U.S. Department of Labor

Additional Information

Available from: HEW, National Institute of Education, or ERIC (ED 145250)

Title Job Counseling and Placement for the Use of Basic Skills
Volume I: Techniques

Subject MR Placement

Author Munger, Sara J. et al.

Date 1977

Description

Annotation Primary intended users of this first volume of a two-volume handbook are professional counselors and placement officers involved in expanding the range of jobs available to persons having only basic cognitive skills (e.g. mentally retarded, slow learners, learning disabled individuals). Agencies which are likely to find it useful include employment services, schools, rehabilitation agencies, sheltered workshops, private employment agencies, government personnel offices, business, and industry. The handbook broadly summarizes knowledge about jobs (Vol.2) and counseling-placement activities (Vol.I) relative to the use of basic skills. General and specific reference is made throughout to more detailed techniques and information.

Pertains to competencies in the Occupational Guidance and Preparation domain.

Cost

Microfiche: $.83
Hardcover: $6.01

Publisher

Additional Information Available from:

ERIC, ED 146450

Title Interviewing Guides for Specific Disabilities

Subject HG Placement

Author

Date

Description

5" x 8" pamphlets
each covering a
specific disability

Cross Reference:
HG Coun Tech

Annotation

The guides, available for a wide range of disabilities, are designed to assist interviewers and counselors in understanding the physical aspects of work capacity and their relation to other personal factors. Pamphlets include medical description of the disease or disability (including definition of medical terms), evaluation of work capacity, cooperating agencies, and "how-to" information in working with individuals who have a particular disability. The guides will assist counselors, particularly those involved in vocational aspects, in recognizing the possible presence of a disability, interpreting medical reports in work capacity terms, determining completeness of medical reports, appraising physical capacity and developing selective placement skills.

Cost

Publisher

U.S. Department of Labor, Bureau of Employment Security, United States Employment Service.

Additional Information

Available from: U.S. Government Printing Office, Washington, D.C. 20402. #16-69399-2

Title Interviewing Guides for Specific Disabilities - Visual Impairment and Legal Blindness, and Blindness

Subject VI Placement

Author U.S. Department of Labor

Date 1978, 1976

Description

5" X 8" pamphlets

Cross Reference:
VI Med Aspects

Annotation

These two guides are designed to assist counselors, particularly those dealing with vocational aspects, in understanding the physical aspects of work capacity. The guides include information about medical terminology in the area of visual disabilities, evaluation of work capacity, and information to assists in interpreting medical reports as they pertain to physical and work capacities. The pamphlets also cover tips in interacting with blind individuals and information about cooperating agencies, Visual Impairments, 1978, Stock No.029-000-00332-7; Legal Blindness and Blindness, 1976, 0-219-322.

Cost

Publisher

Additional Information Available from:

Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

2. EMPLOYER INFORMATION AND ATTITUDES ABOUT HIRING DISABLED PEOPLE

410

Attitudes About Job Placement of Disabled People: Audio-Visual Resources

APPROACH TO INDEPENDENCE: FUNCTIONAL ADAPTATION. The videotape shows the use of aids and devices to solve job-related functional problems of disabled people. 3/4 inch videotape cassette, color, 33 minutes.

Rent ($75.00), Purchase ($250.00): National Audiovisual Center, General Services Administration, Washington, D.C. 20409.

BALANCE SHEET. For the handicapped, working is a right and discrimination in placement illegal. The film shows a wide range of jobs handicapped people are doing and presents a systematic approach to questions employers ask about hiring the handicapped person. (source: Disability Attitudes: A Film Index) 16 mm, 28 minutes.

Rent ($40.00): Continental Studios, 100 North Gordon Street, Elk Grove Village, IL 60007.

THE BOTTOM LINE. Dramatizes the problems disabled people face in employment and the role of the Affirmative Action program in handling these problems. The film is subtitled for the hearing impaired. Excellent for use with employers or the general public. (source: Disability Attitudes: A Film Index) Color, 15 minutes.

Mississippi Methodist Rehabilitation Center, Jackson, MS.

COME WORK WITH US. This is a realistic and instructive film about affirmative action, vocational rehabilitation, and the eminent employability of people with a wide variety of handicaps. Handicapped workers and progressive employers illustrate affirmative action at work. The film won an award at the U.S. Industrial Film Festival and is currently widely used in industry. (source: Disability Attitudes: A Film Index) 16 mm, color, 20 minutes.

Purchase ($125.00), discount to rehabilitation programs ($85.00): Filmaster's Inc., 410 First Avenue, Pittsburgh, PA 15219. Captioned version on 1/2 inch or 3/4 inch color video: $50.00. Available from: West Virginia University Foundation Research and Training Center, 1223 Myers Avenue, Dunbar, WV 25064.

CRIPPLES NEED NOT APPLY. A frank approach to the employment problems of people with severe disabilities. (source: Disability Attitudes: A Film Index) Color, 15 minutes.

Governor's Committee on Employment of the Handicapped.

A DIFFERENT APPROACH. South Bay Mayor's Committee on Employment for the Handicapped, 1978. The film uses the unique technique of designing a film within a film and broad strokes of humor to present the "hire the handicapped" message. The film is also appropriate in promoting awareness of handicapped concerns. 16 mm film, videocassette, 21 minutes.

South Bay Mayor's Committee on Employment for the Handicapped, 2409 N. Sepulveda Boulevard, #202, Manhattan Beach, CA 90266.

EMPLOYMENT OF THE HANDICAPPED. This series of slide/tapes presents the Affirmative Action Law, its implication, and methods for implementation. Three employer audience—Top Management Personnel, Personnel Specialists, and Supervisory Personnel—outline the law from their perspectives, discuss implementation techniques and look at resources available to help employers implement the law. Trainer and trainee booklets also are available. (source: Disability Attitudes: A Film Index) Slide/tape.

Purchase ($452.25): Arbec, Inc., 3905-G 1H35, Austin, TX 78722.

EMPLOYMENT OF THE PHYSICALLY HANDICAPPED. The filmstrip presents eleven case studies showing places of employment for physically handicapped people. It indicates what handicapped workers can do, and suggests the need for broader employment opportunities, particularly with profit-making organizations. It also suggests that employers can be sold on the idea of hiring the handicapped if they are provided tangible evidence of what the physically handicapped can do. (source: Disability Attitudes: A Film Index) Filmstrip (33 color frames), 17 minutes.

Rent (free): Continuing Education Program for Rehabilitation, Region 2, SUNY at Buffalo, 27 Foster Annex, Buffalo, NY 14214

Purchase ($16.80): Multi-Media Office, Mt. San Jacinto College, 21400 Highway 79, San Jacinto, CA 92383. Order No. VT-50a.

EVERYBODY'S HANDICAPPED. This film, a progenitor to films promoting the hiring of the handicapped, is still equal or superior to most films produced on the subject since 1953. Though the setting is rather out of date, the story line and dialogue is neither corny nor maudlin, but presents a humorous and sophisticated approach to getting handicapped people employed. (source: Disability Attitudes: A Film Index) 16 mm, sound, black & white, 18 minutes.

Rent ($15.00): International Rehabilitation Film Review Library, 20 West 40th Street, New York, NY 10018, (212) 869-0460.

EVERYDAY CHAMPIONS. The film is about disabled individuals who work for the Bell System. Employees with a variety of disabilities discuss their work as they are filmed on the job. The film is appropriate to build awareness of employers and others in the community concerning capabilities of disabled individuals. A Leader's Guide can be borrowed free of charge to assist with discussion about the film.

Michigan Bell, 444 Michigan Avenue, Room 1645, Detroit, MI 48226, (313) 223 - 7893.

EXPANDING JOB PLACEMENT FOR SEVERELY HANDICAPPED PEOPLE. The film is based on the work and living experiences of over 15 North Carolinians, all of whom are severely handicapped yet successfully employed. A wide variety of handicaps and a diversity of occupations are represented. Informative and interesting, the film is ideally suited for meetings of civic, business, professional, fraternal, and religious groups. (source: Disability Attitudes: A Film Index) Videocassette, Fairchild, super 8 mm, sound, color, 20 minutes.

North Carolina Division of Vocational Rehabilitation Services OR Anthony Dingman, Saint Augustine's College, Raleigh, NC 27611.

GOOD PEOPLE. This realistic film depicts the successful employment of people who have suffered a disabling accident yet learned to function successfully in competitive employment. (source: Disability Attitudes: A Film Index) 16 mm, color, 30 minutes.

Rent (free): Public Relations & Advertising, Hughes Aircraft Company, Building 100, Mail Station A-531, P.O. Box 90515, Los Angeles, CA 90009.

MAINSTREAMING HANDICAPPED PEOPLE INTO THE WORLD OF WORK. Overall message of the film is to depict a positive image of a disabled person in the world of work.

Loan (free): Canadian Rehabilitation Council, Suite 2110, One Young Street, Toronto, Ontario M5E 1E5 CANADA.

A QUESTION OF ATTITUDE. 1970. The film asks employers to recognize the prejudices they hold against hiring disabled personnel. The greatest obstacle disabled people are forced to overcome, particularly people with cerebral palsy, is reaction to their appearance. Most find they are judged not by their ability, but by their disability. The film demonstrates just how well a handicapped person can perform when given the chance. No special consideration is asked; only a fair evaluation of whether or not a handicap interferes with efficiency, safety or good work habits. For these workers in Australia, it is only "a question of attitude". (source: Disability Attitudes: A Film Index) 16 mm, sound, color, 12 minutes.

Rent ($20.00): International Rehabilitation Film Review Library, 20 West 40th Street, New York, NY 10018, (212) 869-0460.

Hiring Handicapped Workers: Facts and Myths

There are many unfounded myths and misunderstandings which make employers reluctant to hire the handicapped. Among these are:

1. Insurance rates will skyrocket.
2. Considerable expense will be involved in making necessary changes in the work area.
3. Safety records will be jeopardized.
4. Other employees will not accept handicapped people.

One of the most recent and most extensive surveys of handicapped worker performance was by E. I. duPont de Nemours and Company, America's 16th largest employer. DuPont's study of eight months gathered data on 1,452 employees with physical handicaps. The key findings of the duPont study were:

1. Insurance: No increase in compensation cost nor lost-time injuries (Workmen's Compensation Second Injury Law protects against added insurance costs).
2. Physical Adjustments: Most handicapped require no special work arrangement.
3. Safety: 96% of handicapped workers rated average-or-better on and off the job; more than half were above average.
4. Special Privileges: A handicapped worker wants to be treated as a regular employee.
5. Job Performance: 91% rated average or better.
6. Attendence: 79% rated average or better.

Insurance Risk Information

Many employers are reluctant to hire physically disabled persons because they anticipate an increase in their workman's compensation premiums. In fact, insurance companies do not take the physical condition of employees into account when computing a firm's premiums for workman's compensation. Premiums are computed in two ways: Rates are broadly based on the occupational hazards of the class into which the employer falls, or on the employer's past accident track record. Research done by a private industrial firm confirms that the safety record of disabled workers who are properly placed is similar to that of non-disabled workers.

420

Second Injury Law of Workmen's Compensation

The Second Injury Law is a part of the Workmen's Compensation Law which limits the Workmen's Compensation liability of employers who hire handicapped workers or retain handicapped workers in employment. This means that a worker's prior physical handicap will NOT increase the employer's cost for workmen's compensation insurance because the Second Injury Law places a ceiling over the liability of the employer by limiting the employer's obligation to a maximum of 104 weeks of disability, death or medical payments. The employer or his insurance carrier is reimbursed for all awards for permanent disability or death after the first 104 weeks.

Reprinted from National Resource Directory, 1979, published by the National Spinal Cord Injury Foundation.

421

Title Look Who's Minding the Store: Supervising Disabled Employees

Subject HG Placement

Author

Date 1979

Description

booklet

Annotation

The booklet contains real-life scenarios of interactions between persons who are disabled and their employers. Reasonable accommodations are explained and myths and facts are presented, along with positive reasons for hiring disabled people.

Cost

free

Publisher

President's Committee on Employment of the Handicapped, Washington, D.C. 20210.

Additional Information

Title All You'll Ever Need To Know About Hiring People With Disabilities

Subject HG Placement

Author

Date 1978

Description

7 page pamphlet

Annotation

This provides a first person account and discussion on employing the handicapped. The concept is presented from the viewpoint of an employer who is handicapped.

Cost

free

Publisher

President's Committee on Employment of the Handicapped, Washington, D.C. 20210

Additional Information

42

Title Job Ready Handicapped Americans Are Finding More Business Acceptance

Subject HG Placement

Author

Date 1979

Description

reprint of journal article

Annotation

The journal article explains how some large corporations are seeking and effectively utilizing qualified handicapped employees in the world of work.

Cost

free

Publisher

Dun & Bradstreet Reports Magazine, 1979.

Additional Information

Available from: President's Committee on Employment of the Handicapped, Washington, D.C. 20210.

Title The Affirmative Industry

Subject HG Placement

Author

Date

Description

Annotation

Affirmative Industry demonstrates that the interests of people who are handicapped and the interests of the Industrial Community are complementary. Manual also tells how the sheltered workshop can become a successful affirmative industry.

Cost

Publisher

Minneapolis Diversified Industries, 666
Pelham Blvd., St. Paul, MN 55114

Additional Information

Title The ABC's of Hiring People with Disabilities

Subject HG Placement

Author

Date 1978

Description

Pamphlet

Annotation

This pamphlet is described as a guide for employers who are seeking qualified physically or mentally handicapped men and women as employees. It provides employers with an introduction to issues related to hiring of handicapped workers.

Cost

Publisher

President's Committee on Employment of the Handicapped, Washington, D.C. 20210.

Additional Information

Also available from: U.S. Government Printing Office, Washington, D.C. 20402. 1978-0-258-065.

Title "A Search for Worth"

Subject HG Placement

Author Juster, Jacqueline, Managing Editor

Date 1978

Description

Annotation

The article discusses the objectives of New Jersey's Labor and Industry's Division of Vocational Rehabilitation. With impetus from Section 504, the Rehabilitation agency is trying to sensitize employers about disabled workers' qualifications. The agency is becoming an advocate for disabled people by showing employers the advantage of contacting the state for help in training disabled workers. Major corporations in the New York/New Jersey area which employ disabled workers are: Sears Roebuck, C.B.S., Johnson & Johnson, and Prudential Insurance.

Cost

free

Publisher

New Jersey Business Magazine, August 1978.

Additional Information

President's Committee on Employment of the Handicapped, Washington, D.C. 20201.

Title No Whistles, No Bells, No Bedlam

Subject HI Placement
AV

Author

Date
1974

Description
16 mm, color
20 minutes

Annotation

This film explores the myths associated with deafness. Points out that many of the employment handicaps attributed to deaf workers are the misconceptions of employers and supervisors. Uses testimony of co-workers, supervisors and employers of deaf as support for the theme of the film. (source: Disability Attitudes: A Film Index)

Cost
Rental: Free
Purchase: $100.00

Publisher
National Technical Institute of the Deaf,
Rochester Institute of Technology, 1 Lomb
Memorial Drive, Rochester, NY 14623

Additional Information

Title No Barrier

Subject HI Placement
AV

Author

Date

Description
color, 14 minutes

Annotation

This film dramatizes the experiences of a deaf civilian employee of the Navy. Originally it was intended for viewings by naval personnel to encourage its worldwide installations to employ handicapped people. Because it has a sensitive and universal message, however, the President's Committee gained permission to release the film for general public showings. Available from any Governor's Committee on Employment of the Handicapped. (source: Disability Attitudes: A Film Index)

Cost

Publisher

Additional Information Available from:

Governor's Committee on Employment of the Handicapped

Title So You've Hired Someone With A Hearing Impairment

Subject HI Placement

Author

Date

Description
booklet

Annotation

This booklet provides answers to questions related to establishing a working situation that is comfortable for the deaf employee, co-workers, and employers.

Cost

Publisher
President's Committee on Employment of
the Handicapped, Washington, D.C. 20210

Additional Information Available from:
U.S. Government Printing Office:
923-01-0

Title Working Together with Mentally Retarded Employees

Subject MR Placement

Author

Date

Description

Brochure

Annotation

This brochure provides general information on employment of the mentally retarded person.

Pertains to Competency 22, Seeking, Securing and Maintaining Employment.

Cost

Publisher

On-the-Job Training Project, Research and Demonstration Institute, National Association for Retarded Citizens, P.O. Box 6109, 2709 Avenue E East, Arlington, TX 76011

Additional Information

Title So You're Going To Hire A Mentally Retarded Person

Subject MR Placement

Author

Date

Description

pamphlet

Annotation

This pamphlet presents ten "Do's" for successfully employing a mentally retarded person as well as examples of on-the-job functioning.

Cost

Publisher

President's Committee on Employment of the Handicapped, Washington, D.C. 20210

Additional Information Available from:

U.S. Government Printing Office: 9-12-056

Title Blind in Industry

Subject VI Placement AV

Author

Date

Description

16 mm, color film
12 minutes

Annotation

This film presents the cases of three totally blind workers in automotive, cosmetic and electronics factory settings, and the personnel managers who hired them. The film depicts the importance of placement; as one of the workers says, "It's not the difficulty of doing the job, but of obtaining it and keeping it." (source: Disability Attitudes: A Film Index)

Pertains to Competency 22, Seeking, Securing and Maintaining Employment.

Cost

Rental: $25.00
Purchase: $90.00

Publisher

The Royal New Zealand Foundation for the Blind, 545 Parnell Road, Private Bag, Newmarket, Auckland, New Zealand
(Purchase)

Additional Information

Rental available from:
International Rehabilitation Film Review Library, 20 West 40th Street, New York, NY 10018
(212) 869-0460

Title Your New Blind Secretary

Subject VI Placement

Author

Date 1976

Description

pamphlet

Annotation

This pamphlet presents guidelines to help an employer orient a blind secretary to the office with maximum speed and minimum disruption. The guidelines are presented in question and answer form with explanatory emphasis to help in understanding the blind person's point of view. This pamphlet was prepared by the National Association of Blind Secretaries and Transcribers in cooperation with the President's Committee on Employment of the Handicapped. For more information on the blind secretary's association, contact National Federation of the Blind, 218 Randolph Hotel Building, Des Moines, Iowa 50309.

Cost

Publisher

President's Committee on Employment of the Handicapped, Washington, D.C. 20210

Additional Information Available from:

U.S. Government Printing Office:
Order No. 1976-0-224-088

3. RESOURCES FOR JOB SEEKERS

Employment Discrimination:
Filing Complaints Under Sections 503, 504 and the Veterans Readjustment Assistance Act

About Complaints

Most employers comply willingly with affirmative action and nondiscrimination programs; they know that handicapped people can be valuable additions to their work force. But there are occasions when a handicapped person feels compelled to file a complaint of discrimination against an employer. It might be a job applicant who felt he hadn't received equal treatment because of his disability. Or it might be a person already on the job who felt he had been discriminated against in promotion or job assignment or some other personnel action. So a complaint is filed.

How to File

The complaint must be in writing. A letter will do. It should contain the following points:

- Your name, address, telephone number.
- The nature of the handicap. If further medical documentation is needed, you may be asked to provide it. If you are a disabled veteran, you'll need documentation from VA or military service indicating your disability.
- Name and address of the organization discriminating against you.
- The nature of the discriminatory action.
- The date(s) the discriminatory action occurred.
- Any additional background information useful in evaluating the complaint.
- How you have been harmed by the discriminatory action.
- Description of any efforts already made to resolve the complaint.
- Name and address of the person to be contacted for further information.
- Copies of relevant correspondence or papers.
- Your signature.

Where to File

Section 503: Office of Federal Contract Compliance Programs, U.S. Department of Labor, Washington, D.C. 20210.

Section 504: Office for Civil Rights, U.S. Department of Health, Education and Welfare, Washington, D.C. 20201.

Veterans Readjustment Assistance Act: Office of Federal Contract Compliance Programs, U.S. Department of Labor, Washington, D.C. 20210.

What Happens Next

There are slight variations in procedure in the three programs, but this usually is what will happen next:

- If additional medical or other documentation is needed, you may be asked to provide it. You will be given full details how to go about it.

- If the organization has an internal review procedure, the complaint may go there first for an attempt to resolve matters.

- Then, the Department of Labor will investigate, if it's a matter covered by Section 503 or the Veterans Readjustment Assistance Act. The Department of Health, Education and Welfare (or the appropriate funding agency) will investigate if it's under Section 504.

- If the investigation shows there has been no violation, you will be informed. You have the right to ask for a review of the case.

- If the investigation does show a violation, efforts will be made to encourage the employer to comply.

- If this proves not to be productive, further steps can be taken to bring about compliance—leading all the way to such sanctions as terminating the employer's contract or grant.

Time Limit

Complaints have to be filed within 180 days from the date of the alleged violation. There may be exceptions if a good reason can be established.

Reprinted from *Affirmative Action for Disabled People: A Pocket Guide*, 1978, by the President's Committee on Employment of the Handicapped.

Title Job Seeking Skills Series

Subject HG Placement

Author

Date

Description

softbound

Annotation

These materials are geared to help the individual gain the job seeking skills required for successful job hunting. Materials include a "Job Seeking Skills Workbook" that is a practical step by step guide to job hunting and job interviewing.

Pertains to Competency 22, Seeking, Securing, and Maintaining Employment.

Cost

less than $5.00 each

Publisher

Multi Resource Centers, Inc., 1900 Chicago Avenue, Minneapolis, MN 55404

Additional Information

Telephone: (612) 871-2402

1Jh

Title Affirmative Action/Vocational Rehabilitation and Employment of the Handicapped: What's In It For Me?

Subject HG Placement

Author

Date

Description

Annotation

This resource explains Section 503, affirmative action programs. It provides information on how state vocational rehabilitation agencies can help with employment of qualified handicapped workers.

Cost

Publisher

Harold Russell Associates, 235 Bear Hill Road, Waltham, MA 02154

Additional Information

Title How to Get a Job and Keep It, Revised

Subject HG Placement

Author
Goble, D. Y.

Date

Description

Worktext

Annotation

This illustrated Worktext instructs the adult student on good procedures for finding and applying for a job and gives pointers for a successful job interview. Sound advice and simple checklists on attitudes and habits which help one be successful in a job are included. Teacher's manuals with answer keys are available with class quantity orders. Reading level, grades 5-6.

Cost

$1.68

Publisher

Steck-Vaughn Company, Publishers, 807 Brazos,
P.O. Box 2028, Austin, TX 78768

Additional Information

Order No. ISBN 0499-4. For urgent orders: toll-free number (800) 531-5015.

1Jh

Title My Job Application File

Subject HG Placement

Author Kahn et al.

Date

Description

workbook

Annotation

The workbook contains 9 application forms from well known companies such as General Electric and McDonalds and step by step exercises to teach skills in answering typical requests for information in job applications. It is appealing to both slow and better readers.

Pertains to Competency 22, Seeking, Securing and Maintaining Employment.

Cost

Less than $5.00

Publisher

Janus Book Publishers, 3541 Investment
Blvd., Suite 5P, Hayward, California
94545

Additional Information

Title How To Get That Job - A Series

Subject HG Placement AV

Author

Date

Description

Filmstrip, audiocassette
audiodisc

Annotation

This filmstrip and audiocassette/audiodisc prepares the disabled student to enter the work world. Speaks about job needs, compiling basic information (e.g. social security number and driver's license, estimation of salary needs). The series includes: The Job Interview, The Media - And To Use It, The Right Job for You, Tests & Testing, What the Employer Wants.

Pertains to Competency 22, Seeking, Securing and Maintaining Employment.

Cost

Publisher

Bowman Publishing Corporation, 4563
Colorado Blvd., Los Angeles, California
90039

Additional Information

1Jh

Title Job Readiness

Subject HG Placement AV

Author

Date

Description

3 one-hour videotapes

Annotation

A job placement counselor advises clients on how to get a job.

Pertains to competency 22, Seeking, Securing and Maintaining Employment.

Cost

$60.00

Publisher

RT-4 Baylor College of Medicine, Texas
Institute for Rehabilitation and Research,
1333 Moursund Avenue, Houston, TX 77030

423

Additional Information

150 minutes (on 3 rolls), black and white videotape, helical, 10.5 ips, sound, 1" lowband.

4. JOB OPPORTUNITIES

Title "Special Issue - Jobs Handicapped Can Do"

Subject HG Placement

Author

Date 1978

Description

Issue of newsletter,
23 pages

Annotation

The February 1978 issue of the J.P. Describer (Vol. I, No. III) features jobs that mentally retarded, blind, deaf-blind and other severely handicapped persons have done. It is designed to trigger further thinking about job possibilities and to suggest some resources and programs involved with training and employment of handicapped persons.

Cost

Publisher

Job Placement Division, National Rehabilitation Association, c/o Richard Hausee, Ed.,
Weber Vocational Center, 2504 South Avenue,
Odgen, UT 84001.

Additional Information

Great Plains Region includes Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah, Wyoming.

1Jh

Item Rehab Group, Inc.

Category HG Placement

Description

This large (over 250 employees) profit-making firm can undertake large-scale training and employment awareness programs for private and institutional employers. It can also evaluate, design, and operate affirmative action employment programs for its clients. Over 30% of Rehab Group's staff are disabled.

Address

Rehab Group, Inc., 3110 Columbia Pike,
Arlington, VA 22204

Phone

Additional Information

Item IBM Work-Experience Program for Deaf College Students

Category HI Placement

Description

This program, begun in 1974, provides computer-related work experience for deaf college students who are preparing for careers in computer programming. Summer work provides the student with a broad-based exposure to his or her chosen profession and is likely to make employers more receptive since the deaf applicants will have actual work experience. Those who are accepted for employment are given the title Student Associate, receive hourly wages and are reimbursed for relocation expenses. Fifty-one students were employed in eleven different divisions in 1978.

Address

International Business Machines
Corporation, San Jose, California

Phone

Additional Information

4Jh

Item National Industries for the Blind

Category VI Placement

Description

National Industries for the Blind (NIB) is a non-profit corporation which developed as a result of the Wagner-O'Day Act, 1938. A presidentially appointed Committee for purchase from the blind and other severely handicapped was developed to allocate among qualified industries for the blind purchase orders of the Federal Government for approved goods and services. NIB is comprised of approximately 100 associated workshops that provide employment to over 5,000 legally blind persons, half of whom have other handicaps in addition to blindness.

Address

National Industries for the Blind, 1455
Broad Street, Bloomfield, NJ 07003

Phone (201) 338-3804

Additional Information

National Industries for the Blind,
Rehabilitation Services Division, 2020
Jericho Turnpike, New Hyde Park, NY 11040

Title How to Get a Job

Subject MR Placement

Author Fraenkel, W. A.

Date 1977

Description
29 pages
booklet

Annotation

This illustrated booklet provides information about job seeking skills in a very easy to read format. It provides how-to suggestions for choosing the right job, locating job opportunities, preparation for job interviews and beginning a new job.

Pertains to Competency 22, Seeking, Securing and Maintaining Employment.

Cost

Publisher
The President's Committee on Employment of the Handicapped, Washington, D.C. 20210

Additional Information
Also available from: U.S. Government Printing Office, Washington, D.C. 20402
Stock # 052-003-00087-3.

Item Sheltered Employment Work Experience Program (SEWEP)

Category MR Placement

Description

This instrument is designed to assess the development of maximum vocational capabilities for teenagers and adults whose disability is identified as mental retardation.

Pertains to competencies in the Occupational Guidance and Preparation domain.

Address
The Barber Center Press, Inc., 136 East Avenue, Erie, Pennsylvania 16507

Phone

Additional Information
Cost: $5.50

PART V
RELATED RESOURCES

CHAPTER 30

Parents/Family

Family members can have significant impact on the career development of their handicapped relatives ("The Role of the Family in Rehabilitation," 1978) as well as on psychosocial adjustment (Wright, 1975). This potential impact exists across the life span from the competencies that parents can teach their child in the home (Brolin and Kokaska, 1979) to the supportive encouragement that a disabled person's spouse can provide. As Brolin and Kolstoe (1978) note, the families of handicapped individuals need to interface more appropriately with schools and community agencies to encourage and reinforce independent development as well as providing opportunities for their handicapped family member to learn specific skills.

Professionals at all levels of involvement need to give special attention to the family's needs, for it is essential that the family unit not disintegrate from the stress of dealing with the handicap. Research has indicated that for a handicapped individual's family, stress can develop from a number of sources including concern about the progressive or unpredictable nature of the disability, poor communication with the handicapped relative's physician resulting in confusion about the nature of the disability and home care instructions, and financial concerns ("The Role of the Family in Rehabilitation," 1978). Individual or family counseling, participation in a supportive group for disabled persons' family members and clear communication of medical information can help alleviate stress and clarify the family's role in facilitating their handicapped relative's independent functioning.

The section on Parents/Family in the Resource Guide is reserved for information of interest to parents or family members of disabled persons. Since the primary focus of the Resource Guide is youth and adults, information concerning handicapped children will be included in the Parents/Family section. Parent organizations are also listed in this section.

References

Brolin, D. E., & Kokaska, C. J. Career education for handicapped children and youth. Columbis, OH: Charles Merrill, 1979.

Brolin, D. E., & Kolstoe, O. P. The career and vocational development of handicapped learners. Columbus, OH: The Ohio State University, 1978. (ERIC Information Series No. 135)

The Role of the Family in Rehabilitation. Rehabilitation Brief, 1978, 1 (14).

Wright, B. A. Social-psychological leads to enhance rehabilitation effectiveness. Rehabilitation Counseling Bulletin, 1975, 18, 214-223.

Advocacy Information for Parents of Disabled Children

EDUCATING HANDICAPPED CHILDREN--THE LEGAL MANDATE. Available from: Research Press, 2612 N. Mattis Avenue, Champaign, IL 61820. This is a guide to government requirements for agencies and advocates seeking change.

AN ADVOCACY MANUAL FOR PARENTS OF HANDICAPPED CHILDREN, 1976. Available from: The Institute for Child Advocacy, 4305 S. Broadway, Los Angeles, CA 90037.

HOW TO ORGANIZE AN EFFECTIVE PARENT GROUP AND MOVE BUREAUCRACIES: FOR PARENTS OF HANDICAPPED CHILDREN AND THEIR HELPERS. Des Jardins, C., 1971. Available from: Coordinating Council for Handicapped Children, 407 S. Dearborn, Chicago, IL 60615.

RIGHTS HANDBOOK FOR HANDICAPPED CHILDREN AND ADULTS. Des Jardins, C., & Hull, R., 1976. Available from: Coordinating Council for Handicapped Children, 407 S. Dearborn, Chicago, IL 60615.

Legislation Affecting Handicapped Children: Resources and Audio-Visual Materials

CHILDREN, PARENTS, AND THE LAW: 1978-79 DEVELOPMENTS. Available from: Frank Porter Graham Center, Highway 54 Bypass-West, Chapel Hill, NC 27514.

THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT. Ballard, Nazzaro, & Weintraub, 1976. Available from: Administrative Resources Division, Capitol Publications, Inc., 2430 Pennsylvania Avenue, N.W., Washington, D.C. 20037. Cost: $50.00, Order No. 47800. This three-part multimedia presentation includes 3 captioned filmstrips, 3 audio cassettes, copy of the law, question-and-answer document and printed script for each film. This package is suitable for general audiences, inservice training, and parent programs.

THE LAW AND HANDICAPPED CHILDREN IN SCHOOL. Available from: Audio-Visual Center, Indiana University, Bloomington, IN 47405, (812) 337-8087. This series of 14 videotapes assesses history and applicability of P.L. 94-142, P.L. 93-112, and Section 504 of the Rehabilitation Act of 1973.

A PRIMER ON DUE PROCESS: EDUCATION DECISIONS FOR HANDICAPPED CHILDREN. Abeson, A., Bolick, N., & Hass, J., 1975. Available from: Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091.

RIGHT TO EDUCATION: ANATOMY OF THE PENNSYLVANIA CASE AND ITS IMPLICATIONS FOR EXCEPTIONAL CHILDREN. Lippman, L., & Goldberg, I., 1973. Available from: Teachers College Press, Columbia University, New York, NY 10027.

Title The Art and Science of Parenting the Disabled Child

Subject HG Parents

Author

Date

Description

Annotation

This is a collection of papers and reactions by parents and professionals at a symposium in 1976.

Cost

Publisher

Additional Information Available from:
National Easter Seal Society For Crippled Children and Adults, 2023 West Ogden Avenue, Chicago, IL 60612

Item The Pointer

Category HG Parents

Description

The Pointer is a newsletter for handicapped people and their families. It is especially appropriate for parents of handicapped children.

Address

The Pointer, B.O. Box 131, Syracuse,
NY 13210

Phone

Additional Information

413

Title Helping the Handicapped Teenager Mature

Subject HG Parents

Author Hycault, E.W.

Date 1976

Description pamphlet

Annotation

This pamphlet deals with general issues confronting disabled youths. Emphasis is on self-concept and realistic adjustments to disability. Section on sexuality stresses the need for complete education in this area and includes a brief discussion of some common sexual problems and patterns. (source: Selected Annotated Bibliography on Sexuality and Disability 1975-1977 Panieczko et al.)

Cost

Publisher

Public Affairs Committee, Inc., New York, NY

Additional Information

Pamphlet #504

Title The Disabled and Their Parents: A Counseling Challenge

Subject HG Parents

Author Buscaglia, Leo

Date 1975

Description

Annotation

The author has geared this book, written with much sensitivity, for physicians, psychologists and educators, to help them more effectively counsel families of disabled persons. The book speaks about research contributions concerning the counseling process, how to help the family and the disabled person meet the challenge of disability, and the team approach to counseling persons with disabilities.

Cost

Publisher

Charles B.Slack and Company, Publishers
6900 Grove Road, Thorofare, NJ 08086

Additional Information

Title A Reader's Guide for Parents of Children with Mental, Physical or Emotional Disabilities

Subject HG Parents

Author Moore, C. B. & Morton, K. G.

Date 1976

Description

144 pages
annotated bibliography

Annotation

This annotated bibliography was prepared by parents who have experienced the problems of raising children with handicaps. Sections include Part I: Family and Children With Disabilities, Part II: Disabilities, Part III: Books for Children about Children with Handicaps, Part IV: Organizations, Directories, and Journals.

Cost

Publisher

U.S. Department of Health, Education and Welfare, Public Health Service, Health Services Administration, Bureau of Community Health Services, Rockville, MD

Additional Information

DHEW Publication No. (HSA) 77-5290. Also available from: U.S. Government Printing Office, Washington, D.C. 20402. Stock No. 017-026-00058-5.

Title Developmental Handicaps in Babies and Young Children: A Guide For Parents

Subject HG Parents

Author Brown, Diana L.

Date 1972

Description

89 pages

Annotation

This is a brief, nontechnical guide to all aspects of developmental handicaps in babies and young children. The book presents basic information on causes of handicaps, characteristics of brain damage, general developmental problems, and some primary handicapping conditions. It includes a dictionary of professional terms to help parents understand the language of the specialist, the diagnostic evaluation, how to find resources, and what counseling is all about. (source: A Reader's Guide For Parents of Children With Mental, Physical, or Emotional Disabilities)

Cost

Publisher

Charles C Thomas, 301-327 East Lawrence
Street, Springfield, IL 62703

Additional Information

Title Developing Assistance Linkages for Parents with Handicapped Children

Subject HG Parents

Author Yoshida, Ron

Date

Description

Annotation

The purpose of the study was to determine why parents seek assistance in special education disputes between LEA's and parents on such matters as evaluation, eligibility, placement and program. The study surveyed 24 sets of parents in Connecticut and Massachusetts who had been involved in mediation and state-level hearings. Eighteen of the 24 were represented by attorneys. According to the study's conclusions, parents felt they needed assistance because: 1) they felt they lacked the necessary skills to use their procedural safeguards under 94-142 effectively and 2) there was a high level of parental mistrust of school personnel's intentions and behaviors.

Cost

Publisher

Bureau of Education of the Handicapped,
Division of Assistance to States, 400 Maryland Avenue, S.W., Washington, D.C. 20202

Additional Information

Item Closer Look

Category HG Parents

Description

The National Information Center was established to help parents of disabled children and youths locate educational programs and other special services and resources. It places special emphasis on the rights of the disabled individual. It instructs parents of disabled children in ways to organize parent groups, gives technical assistance to coalitions working with disabled individuals, and helps plan state and local conferences on handicapped children. Closer Look has information on specific handicapping conditions, education of disabled children, and recreation-physical education. It will answer inquiries, make referrals and send brochures, fact sheets, bibliographies and other materials. Although it is primarily set up to serve parents and close relatives of handicapped children, services are extended to professionals acting on behalf of disabled children. Services are not geared to supply publications in bulk to professionals nor is the organization set up to assist research workers. All information is provided free of charge.

Address

Closer Look, The National Information
Center for the Handicapped, Box 1492,
Washington, D.C. 20013

Phone

Additional Information

Item Coordinating Council for Handicapped Children

Category HG Parents

Description

CCHC is a coalition of over 100 professional and parent organizations working together to actualize for the handicapped all the advantages that are freely granted the non-handicapped. Main activities include:

1. Provision of information to parents and professionals about services for handicapped children to which they are entitled by law through the Parent Information Center (PIC) at Room 680 of the above address and phone.
2. Publishing fact sheets on income tax deductions, Supplemental Security Income (SSI) benefits, laws pertaining to education of handicapped individuals, career information, and monthly newsletter.
3. Involvement in massive public information campaigns, workshops, conferences, and conventions as well as answering individual requests for information.

Address

Coordinating Council for Handicapped
Children, 407 South Dearborn, Chicago,
IL 60605

Phone (312) 939-3513

Additional Information

Title What Was I Supposed To Do?

Subject HG Family AV

Author

Date

Description

film

Annotation

The film explores what happens to parents and siblings when a child who is handicapped enters the family. Five families share their experiences and indicate how professionals and peers can provide maximum help and understanding.

Cost

Publisher

James Stanfield Film Associates, P.O. Box
1983R, Santa Monica, CA 90406

Additional Information

Telephone collect: (213) 395-7466

Title A Handicapped Child In The Family

Subject CP Parents

Author Heisler, Verda

Date 1972

Description 156 pages

Annotation

Dr. Heisler, who herself had childhood polio and knows intimately the experiences imposed by disability, worked as a psychotherapist with a small group of parents of children with cerebral palsy. Her book grew out of this 2-year undertaking. She uses the feelings and experiences of other parents to help the reader move toward new ways of self-exploration. Because the book focuses on parents' psychological adjustment to their child's handicap, "A Handicapped Child in the Family" is relevant to parents of a child with any kind of physical or mental handicap. (source: A Reader's Guide For Parents of Children With Mental, Physical, or Emotional Disabilities)

Cost

Publisher

Grune and Stratton, 111 5th Avenue, New York, NY 10003

Additional Information

Title So Your Child Has Cerebral Palsy

Subject CP Parents

Author Joel, Gil F.

Date 1975

Description 53 pages

Annotation

This realistic book is by an adult born with cerebral palsy who spent many years counseling families of physically handicapped individuals. It spells out guidelines for helping a child develop positive self-image, offers valuable insights into the feelings of a cerebral palsied individual, and suggests how parents can most effectively cope with the problems faced in raising a handicapped child. (source: A Reader's Guide For Parents of Children With Mental, Physical, or Emotional Disabilities)

Cost

Publisher

University of New Mexico Press, Albuquerque, New Mexico 87131

Additional Information

Title Cerebral Palsy and Communication: What Parents Can Do

Subject CP Parents

Author Golbin, A. (Editor)

Date 1977

Description

Cross Reference:
CP Communication

Annotation

Practical guidelines are presented for communication problems of cerebral palsied persons. Text discusses the nature of cerebral palsy, difference between speech and language, positioning for speech, feeding and oral-motor control, and nonverbal alternatives to speech.

Pertains to Competency 16, Communicating Adequately With Others

Cost
$6.00

Publisher

George Washington Rehabilitation Research and Training Center, The George Washington University, 2300 Eye Street, N.W.
Suite 714, Washington, D.C. 20037

Additional Information
Phone: (202) 676-3801

Title Understanding Cerebral Palsy

Subject CP Parents

Author Hatton, Dan

Date 1979

Description
paperback booklet

Cross Reference:
CP Med Aspects

Annotation

The book presents problems parents face in raising a child with cerebral palsy plus an emphasis on the need for independence once the child with cerebral palsy reaches adulthood.

Cost
$2.25

Publisher

Barber Center Press, 136 East Avenue,
Erie, PA 16507

Additional Information

Title Epilepsy

Subject Ep Parents

Author Silverstein, Alvin and
Silverstein, Virginia B.

Date 1975

Description

64 page paperback

Cross Reference:
Ep Med Aspects

Annotation

This objective, readable book is written to explain epilepsy to young people: what epilepsy is, misconceptions concerning it, current research, and treatment. Although it is specifically geared for teenagers, this clear overview should prove of interest to parents as well. (source: A Reader's Guide for Parents of Children With Mental, Physical, or Emotional Disabilities)

Cost $1.95

Publisher

J. B. Lippincott, East Washington Square,
Philadelphia, PA 19105

Additional Information

Title Seizures, Epilepsy and Your Child

Subject Ep Parents

Author Lagos, Jorge C.

Date 1974

Description

237 pages

Annotation

This is a guide to the nature, origins, diagnosis, treatment, and management of epilepsy. Written in a question and answer format, the book seeks to answer the questions parents new to the problem of seizures might ask. (source: A Reader's Guide For Parents of Children With Mental, Physical, or Emotional Disabilities)

Cost

Publisher

Harper & Row, 10 E. 53rd Street, New York,
NY 10022

Additional Information

Item International Association of Parents of the Deaf

Category HI Parents

Description

This organization of parents of deaf, deaf-blind, and hearing impaired children, is a clearing-house of information relating to deafness. It can serve as an information source to a wide spectrum of health, social service, and education institutions on the special needs of deaf children. The organization will answer inquiries, send brochures, and refer to other information centers and direct service providers. No fee is charged for services. On-site use of its materials is permitted.

Address

International Association of Parents of the Deaf, 814 Thayer Avenue, Silver Spring, MD 20910

Phone

Additional Information

Title Family Support Programs - A Vital Service for Hearing Impaired Developmentally Disabled Persons

Subject HI Family

Author Cober-Ostby, Carol

Date

Description

Annotation

Outlines aspects of development and implementation of a comprehensive family support program for families of hearing impaired developmentally disabled persons. Stresses the overlapping needs for counseling, education, and training for family members to facilitate their maximum effectiveness as members of the child's habilitation team. Includes section on individual advocacy plan.

Cost

Publisher

Model Demonstration Program, The Rehabilitation Center, University of Arizona, Tucson, Arizona

Additional Information

Title Group Homes for Developmentally Disabled Children

Subject MR Parents

Author

Date

Description

211 pages

Annotation

The book focuses on the experiences of the Teaching Research and Child Center staff with their two experimental group homes for children who are developmentally disabled. The book includes information about ways to start a group home, costs, ways to determine suitable residents, results with children, and a community plan.

Cost

Publisher

Additional Information Available from:

Instructional Development Corporation,
P.O. Box 361, Monmouth, OR 97361

Title Growing... By Participating in Community Recreation Experiences. A Guide for Parents

Subject MR Parents

Author

Date 1978

Description

50 page pemphlet

Cross Reference:
MR Leisure & Rec

Annotation

Growing has been written to encourage parents to seek out community leisure time experiences for their mentally retarded child. It is written so that parents can utilize those sections best suited for their child's age - whether infant, child, teen or adult.

Each section starts with basic principles of development followed by suggestions for recreation and leisure pursuits, the kinds of supports parents should look for, and the crucial role they can play in increasing the growth and development of their child.

Pertains to Competency 8, Utilizing Recreation and Leisure.

Cost

$3.00

Publisher

Additional Information Available from:

Publications, Canadian Association for
the Mentally Retarded, Kinsmen NIMR
Building, York University Campus, 4700
Keele Street, Downsview (Toronto), Ont.
M3J - 1P3

Additional Materials for Parents
of Mentally Retarded Individuals

HOW TO FIGHT LOW EXPECTATIONS OF DOWN'S SYNDROME CHILDREN by Poor, J. Lucille, 1976, 81 pages, available from Forest Lake Printing, Forest Lake, Minnesota 55025

This small, well-designed booklet that offers information about the development of Down's Syndrome children in early childhood. It presents physical, emotional, and language milestones, statements from parents of Down's babies, and a brief look at what lies ahead for the child as he grows up. (source: A Reader's Guide for Parents of Children with Mental, Physical or Emotional Disabilities)

IS IT WELL WITH THE CHILD? A PARENT'S GUIDE TO RAISING OF A MENTALLY HANDICAPPED CHILD by Strauss, Susan, 1975, 152 pages, available from Doubleday and Company, 245 Park Avenue, New York, NY 10017

Mrs. Strauss is a professional writer and the mother of Michael, whose diagnosis was an evolving one, as is the case with so many mentally handicapped children. The author writes with sensitivity and feeling about her own experience as a parent and gives good general advice. Well worth reading for parents and the professionals who work with them. (source: A Reader's Guide for Parents of Children with Mental, Physical or Emotional Disabilities)

PARENTS AND MENTALLY HANDICAPPED CHILDREN by Hannam, Charles, 1975, 128 pages, available from Penguin Books, 7110 Ambassador Road, Baltimore, MD 21207

This book was written because the author, father of a Down's Syndrome son, feels "that the needs of parents are not sufficiently understood." Through interviews with other families and his own experiences, he describes the ways in which some English parents first learned they had a handicapped child and discusses many of the day-to-day problems. (source: A Reader's Guide for Parents of Children with Mental, Physical or Emotional Disabilities)

A SELECTED ANNOTATED BIBLIOGRAPHY FOR PARENTS AND SIBLINGS OF MENTALLY RETARDED PERSONS available from National Association for Retarded Citizens, Research and Demonstration Institute, 2709 Avenue E East, Arlington, TX 76011

YOUR DOWN'S SYNDROME CHILD...YOU CAN HELP HIM DEVELOP FROM INFANCY TO ADULTHOOD, by Pitt, David, M.D., 1977, available from National Association for Retarded Citizens, 2709 Avenue E East, P.O. Box 6109, Arlington, TX 76011

CHAPTER 31

Advocacy

Advocacy is the process of speaking and/or acting on another person's behalf (Way to Go, 1979). Advocacy is by no means a new concept. Throughout history people have acted individually and through organizations to plead their causes and the causes of other people. In recent years, particularly during the 1960s and 70s, there has been increasing awareness and growing concern for human and civil rights — concern for the worth and dignity of all individuals.

The advocacy movement for and by disabled persons has grown dramatically in recent years. Advocacy for disabled people helps to ensure that everyone has the opportunity to live a "normal" life. It protects the basic rights of individuals who have disabilities. Ultimately, the goal of advocacy is for each disabled person to develop the skills necessary to act on his or her own behalf (Way to Go, 1979).

Advocacy is commonly thought of as a legal process. However, it does not always involve court procedures or lawyers. Agencies, organizations and individuals can all become involved in advocacy, without direct legal involvement. Advocacy can be classified into the following categories.

Case Advocacy: One person acts on another's behalf to rectify a particular problem. This may or may not involve court action. An example of case advocacy not involving court action: A parent who has a grievance about his child's treatment in a particular hospital would intervene to deal with hospital administrators on behalf of the child.

Class Advocacy: An individual or individuals act on behalf of a group or class of people. The action is usually court-oriented. Example: because some mentally retarded people are not receiving adequate treatment in a state instutution an advocate may bring suit against the state on behalf of all mentally retarded people in the institution.

Systems Advocacy: This involves changing a system that delivers services to make the services more accessible, meaningful, equitable, or usable. Systems advocacy may overlap with class advocacy. Example: Advocates acting on behalf of blind individuals work toward improvement of services provided by a social service organization.

Citizen Advocacy: A person from the community, usually a volunteer, acts on behalf of another individual. This type of advocacy is not oriented toward court action. Example: A citizen advocate assists a mentally retarded individual in securing an apartment.

Self Advocate: An individual speaks or acts on his own behalf. Example: A blind person who uses a guide dog speaks to campus administrators because she was denied entry to the student lounge based on a "no pets allowed" restriction.

The recent development of the advocacy movement for disabled persons becomes apparent when viewed from a historical perspective. The civil rights movement of the 1960s exemplifies class advocacy. A variety of activist groups spoke out for the rights of racial and ethnic minorities. The Civil Rights Act of 1964 established equal opportunity and created a basis for enforcement through legislation. This legislation, in turn, set a precedent for class advocacy on behalf of the disabled population. During the 1970s, class advocacy for disabled persons focused on litigation concerning the rights to treatment and education. This litigation increased public awareness of disabled people's legal rights and increased knowledge of ways to implement advocacy (Carty, 1978).

As demonstrated by attempts to enforce the Civil Rights Act of 1964, legislation of rights is only a first step. To guarantee the rights of disabled persons, monitoring, "muckraking," lobbying, and judicial intervention must occur (Friedman, 1975). The rights of disabled people are no more self-enforcing than those of any other group. In addition, even an advocate with best intentions requires the backing of legal and social resources. For example, advocates as well as disabled persons require the assistance of lawyers well-informed in relevant legislation. General social awareness of disabled issues is equally important. According to Herr (1976), the majority of states lack this legal and social support.

Public-interest legal organizations, such as the National Center for Law and the Handicapped, serve as leaders in class advocacy. These organizations become involved in publishing research finding, disseminating information and assisting state advocacy programs. However, such organizations tend to be limited both in numbers and funding (Carty, 1978).

Thus far, laws establishing advocacy-based programs have primarily focused on advocacy for people who are mentally ill or mentally retarded. Programs are gradually being developed to create advocacy programs for other disability groups. For example, in 1975 Congress created a Commission for the Control of Epilepsy and It's Consequences to fill gaps in legislation concerning research, prevention, treatment and rehabilitation.

Progress in legislation and implementation of rights for disabled people seems, at times, to be slow and difficult. However, the visible efforts to secure rights for the disabled population have created new levels of public awareness (Carty, 1978). For further information about legislation concerning disabled persons, see the section on "Legislation" in the Resource Guide.

Consumerism

Advocacy by consumers -- disabled persons themselves — is a vital component of the disabled rights movement. Until recently, disabled people have depended on others to represent them. This occurred for a variety of reasons. Some disabled people accepted society's stereotype that people with handicaps can't think or speak for themselves. In addition, the segregation of handicapped people into institutions or special facilities further complicated their attempts to organize (Bowe, 1978). These attitudinal and situational barriers have given way to a growing consumer movement to establish and protect the rights of disabled persons. There has been increasing recognition of disabled individuals' rights as consumers in the marketplace (Bruck, 1978).

Disabled coalition groups have formed at the national and local levels. These groups have pursued advocacy through legal action, educational programs, and protest activities in support of legal sanctions. Disabled consumer groups gained nationwide attention when they participated in sit-in protests at HEW offices in 10 cities across the country. These groups acted in protest of the three year delay in the signing of an antidiscrimination regulation, Section 504 of the Rehabilitation Act of 1973. Immediately following these protests, former HEW Secretary Joseph Califano signed the regulation April 28, 1977 (Bowe, 1978).

References

Bowe, F. B. Consumer rights for the disabled. In R. M. Goldenson, J. Dunham and C. Dunham (eds.), Disability and rehabilitation handbook. New York: McGraw-Hill, 1978.

Bruck, L. C. Disabled consumer bill of rights. In R. M. Goldenson, J. Dunham and C. Dunham (Eds.), Disability and rehabilitation handbook. New York, McGraw-Hill, 1978.

Carty, L. Advocacy. In R. M. Goldenson, J. Dunham and C. Dunham (Eds.), Disability and rehabilitation handbook. New York: McGraw-Hill, 1978.

Friedman. P., and Beck, R. (Eds.). Mental retardation and the law: a comprehensive summary of the status of current court cases. Houston, TX: The Institute for Rehabilitation and Research, 1975.

Herr, S. Advocacy under the Developmental Disabilities Act. Washington, D. C.: U.S. Department of Health, Education and Welfare, 1976.

Way to go. Baltimore, MD: University Park Press, 1979.

Organizations and Services Involved with Advocacy for Disabled People

Advocates for the Developmentally Disabled
6643 Tabor Avenue
Philadelphia, PA 19111

This organization of disabled consumers and technical experts advocates on behalf of all disability groups. It provides free advocacy training for disabled people.

American Coalition of Citizens with Disabilities, Inc.
1200 15th St., NW
Suite 201
Washington, D.C. 20005

This is a nationwide umbrella association of 65 organizations of and for disabled individuals. ACCD works for full realization of the human and civil rights of people who have physical, emotional and mental disabilities.

Center on Human Policy
216 Ostrom Avenue
Syracuse, NY 13210

This university-based advocacy organization works with community and national groups, distributes materials and supports activist groups.

Citizen Advocacy Program
Advocacy Program Coordinator
Sonoma State Hospital
Eldridge, CA 95431

The program deals with client rights and encouragement of one-to-one relationships between residents and members of the community.

Disability Rights Center
1346 Connecticut Avenue, N.W.
Washington, D.C. 20036

The center advocates on behalf of disabled employees and applicants in an effort to facilitate full implementation of Section 501 of the Rehabilitation Act of 1973.

Employment and Training Administration
Office of Research and Development
Department of Labor
Washington, D.C. 20213
(202) 376-7355

This administration funds research projects related to specific training or employment problems which are not being met effectively by existing programs.

National Center for Law and the Handicapped, Inc.
1235 North Eddy Street
South Bend, IN 46617

The center provides legal counsel on legislation for disabled people. Amicus is the bimonthly periodical published by the center.

Office for Civil Rights
Department of Health, Education and Welfare
Washington, D.C. 20201
(202) 245-7320, 245-9180,
245-6118, 245-6709

This office enforces Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination against physically or mentally handicapped individuals.

Office of Federal Contract
Compliance Programs
200 Constitution Avenue, N.W.
Washington, D.C. 20210
(202) 523-9475

Sets policy, investigates complaints and monitors compliance with Section 503 of the Rehabilitation Act of 1973.

Protection and Advocacy Council

These state councils, funded through the National Developmental Disabilities Office, offer citizen and class advocacy services to developmentally disabled people. For information about the Protection and Advocacy Council in your state contact:

National Developmental Disabilities
Office
330 C Street, S.W.
MES Building, Room 3070
Washington, D.C. 20201
(202) 245-0335

Public Interest Law Center of
Pennsylvania
Developmental Disabilities Project
1315 Walnut Street
Philadelphia, PA 19107

The center provides legal counsel and representation for disabled people and their organizations before the legislature in administrative hearings and negotiations with service providers and agencies.

Advocacy Information for Parents of Disabled Children

EDUCATING HANDICAPPED CHILDREN--THE LEGAL MANDATE. Available from: Research Press, 2612 N. Mattis Avenue, Champaign, IL 61820. This is a guide to government requirements for agencies and advocates seeking change.

AN ADVOCACY MANUAL FOR PARENTS OF HANDICAPPED CHILDREN, 1976. Available from: The Institute for Child Advocacy, 4305 S. Broadway, Los Angeles, CA 90037.

HOW TO ORGANIZE AN EFFECTIVE PARENT GROUP AND MOVE BUREAUCRACIES: FOR PARENTS OF HANDICAPPED CHILDREN AND THEIR HELPERS. Des Jardins, C., 1971. Available from: Coordinating Council for Handicapped Children, 407 S. Dearborn, Chicago, IL 60615.

RIGHTS HANDBOOK FOR HANDICAPPED CHILDREN AND ADULTS. Des Jardins, C., & Hull, R., 1976. Available from: Coordinating Council for Handicapped Children, 407 S. Dearborn, Chicago, IL 60615.

Title Planning Effective Advocacy Programs

Subject HG Advocacy

Author Bowe, F. and Williams, J.

Date 1979

Description

Annotation

This handbook offers guidelines for enhancing the advocacy capabilities of advocacy consumer groups and organizations. The major objective is to help disabled persons help themselves through successful advocacy programs. Advocacy programs can become increasingly effective through common goals, knowledge of local, county, state agencies and governments, and efficient targeting of efforts.

Cost $4.00

Publisher

American Coalition of Citizens with
Disabilities, Inc., 1200 15th Street, N.W.,
Washington, D.C. 20071

Additional Information

Title Your Citizen Advocacy Program: A Handbook For Volunteer Leaders and Citizen Advocacy Staff

Subject HG Advocacy

Author

Date 1979

Description looseleaf notebook format

Annotation

The handbook is designed to be a practical guide for persons involved in the implementation of Citizen Advocacy Programs across the country. The rationale for the handbook is an exchange of ideas between U.S. and Canadian advocacy programs. The handbook has been divided into four parts: recruitment methods, advocate - protege pairing (follow-up and support), advocate training, and board-staff training.

Cost $8.95

Publisher

Citizen Advocacy Project, National Institute on Mental Retardation, Kinsmen NIMR
Building, York University Campus, 4700
Keele Street, Downsview Ontario, Canada
(Toronto)

Additional Information

Title Way To Go

Subject HG Advocacy

Author

Date 1978

Description
3 ring binder containing
6 separate manuals

Annotation

The book contains modules on the principles of normalization for developmentally disabled persons. Each module describes how the service delivery system should work and how to make it more available. The Modules, each contained in a separate manual, include advocacy, normalization, rights, individual program planning, survival kit, and an appendix. Some of these units contain background information and philosophy while others contain detailed "how to" information.

Cost
$12.50

Publisher
University Park Press, 233 E. Redwood
Street, Baltimore, MD 21202

Additional Information

Title Advocacy Systems for Persons With Developmental Disabilities

Subject HG Advocacy

Author Baucom, L.D. and Gerard, J. (eds.)

Date 1977

Description

Annotation

This book contains conference papers from a national joint conference of Developmental Disabilities Office and the Texas Tech Research and Training Center in Mental Retardation. The papers include such topics as: Advocacy's legislative history, individual protection and advocacy programs, legal advocacy, citizen advocacy, case management, systems advocacy, protective services, and sources of assistance for developing statewide advocacy systems.

Cost

Publisher
Research and Training Center in Mental
Retardation, Texas Tech University, Box
4510, Lubbock TX 79409

Additional Information

Title Overdue Process: Providing Legal Services to Disabled Clients

Subject HG Advocacy

Author

Date

Description

Booklet

Annotation

This booklet examines the attitudes of legal professionals toward disabled people and how those attitudes affect a disabled person's access to the legal system. It also contains resource listings of relevant journals and organizations.

Cost

50¢

Publisher

Regional Rehabilitation Research Institute
on Attitudinal, Legal, and Leisure Barriers,
George Washington University, 1828 L Street,
N.W., Suite 704, Washington, D.C. 20036

Additional Information

Phone: (202) 676-6377

Title Your Rights As A Disabled Person

Subject HG Advocacy

Author

Date

1979

Description

Annotation

The guidebook describes the legal rights of the disabled to education, employment, health care, social and rehabilitation services.

Cost

free

Publisher

Additional Information Available from:

Consumer Information Center, Department
651 F, Pueblo, CO 81009

Title Consumer Rights for Disabled Citizens

Subject HG Advocacy

Author

Date

Description

Annotation

The information in this resource was written for disabled of New York, but much of the information is applicable to other states.

Cost

Publisher

Education Division, Department of Consumer
Affairs, 80 Lafayette Street, New York, NY
10013

Additional Information

Title Self-Advocacy: A Basic Right

Subject HG Advocacy

Author Welter, B, Hanna, J., and Kitch, R.

Date 1978

Description

Annotation

This manual has two objectives. First, it discusses the key elements needed to successfully plan and organize a self-advocacy organization largely composed of disabled consumers. Secondly the manual explains how persons in two states, Oregon and Kansas, formed a sucessful organization called "People First." This is an advocacy group composed of and run by disabled adults in their respective states.

Cost

Publisher

Kansas University, Affiliated Facility,
University of Kansas, Lawrence, Kansas

Additional Information

Title Thinking/Learning/Doing Advocacy

Subject CP Advocacy

Author Dickman, Irving R. (ed.)

Date 1975

Description

booklet

Annotation

The booklet describes the UCP National Advocacy Project which has strived to show how advocates can become skillful change-agents. The project and the booklet concern strategy design of advocacy for persons with developmental disabilities and their families. The booklets discusses plans for joint advocacy efforts between UCP and developmentally disabled people and their families.

Cost

free

Publisher

United Cerebral Palsy Associations, Inc.,
66 E. 34th Street, New York, NY 10016

Additional Information

Title Performance of the Mentally Retarded In Interviews: Responsiveness to Questions

Subject MR Advocacy

Author Sigelman, C. et al

Date 1976

Description

Annotation

This working paper reports on a national survey made among retarded citizens of all ages, levels of retardation, and circumstances. It provides information that can enable mentally retarded consumers to provide input into national policy affecting the mentally retarded population.

Cost

Publisher

Research and Training Center in Mental
Retardation, Texas Tech Univeristy,
Lubbock, TX 79409

Additional Information

Item National Association for Retarded Citizens

Category MR Advocacy

Description

NARC has approximately 200,000 members including 50 state and 1,500 local groups. This organization consists of parents, professionals and others working on local, state and national levels to promote treatment, research, public awareness, legislation and parent counseling. NARC is an excellent source of a wide variety of materials related to all aspects of mental retardation. Many of the materials are available free or for a nominal charge.

Address

National Association for Retarded Citizens, 2709 Avenue E East, P.O. Box 6109,
Arlington, TX 76011

Phone (817) 261-4961

Additional Information

Item President's Committee on Mental Retardation

Category MR Advocacy

Description

The President's Committee's principal programs and activities relate to the legal rights of retarded people, to promotion of early intervention, and provision of federal, state, and local efforts to support activities on mental retardation. The committee publishes many materials related to mental retardation. Many of the materials are available free or for a nominal charge.

Address

President's Committee on Mental
Retardation, 7th and D Streets, S.W.,
Washington, D.C. 20201

456

Phone (202) 245-7634

Additional Information

Title Deinstitutionalization of Developmentally Disabled Persons, A Conceptual Analysis and Guide

Subject MR Advocacy

Author Bradley, Valerie J.

Date 1978

Description

163 page book

Annotation

The book concerns the problems and programs involved with the shift from custodial and institutional care to more dynamic and flexible systems of care. It presents guidelines for deinstitutionalization of interest to state and local educators and policy makers, administrators and others. The book includes state activities which demonstrate ways in which states have dealt with implementation constraints.

Cost

$9.75

Publisher

University Park Press, 233 East Redwood Street, Baltimore, MD 21202

Additional Information

Title The Normalization Principle and Some Major Implications to Architectural - Environmental Design

Subject MR Advocacy

Author Wolfensberger, W.

Date 1978

Description

Annotation

This publication deals with those features of a human service facility that have social or physical implications for a citizen's skill development, personal growth, self-image, public image, or social integration.

Cost

$2.00

Publisher

Additional Information Available from:

Publications, Canadian Association for the Mentally Retarded, Kinsmen NIMR Building, York University Campus, 4700 Keele Street, Downsview (Toronto), Ont. M3J 1P3

Item Citizen Advocacy Functional Division

Category MR Advocacy

Description

The recent advocacy movement has lead to development of the NARC Citizen Advocacy Division. The Division provides a mechanism for meeting the special needs and interests of members, as well as sharing information, ideas, problems and solutions. The Division publishes a quarterly newsletter, Advocacy Exchange, a directory of citizen advocacy programs in the Nation, and a listing of Division members. Child Advocacy Project Training materials are also available.

Address

National Association of Retarded
Citizens, Citizen Advocacy Division,
2709 Avenue E East, Arlington, TX 76011

Phone

Additional Information

Item Citizen Advocacy Planning Council

Category MR Advocacy

Description

The council seeks to make criminal justice personnel knowledgeable and sensitive to developmental disability and to special misunderstandings that arise when handicapped individuals have contact with the criminal justice system.

Address

Citizen Advocacy Planning Council,
Minnesota Association for Retarded Citizens, 2344 Nicollet Avenue South,
Minneapolis, MN 55404

Phone

Additional Information

CHAPTER 32

Legislation

- The Education of All Handicapped Children Act
- Rehabilitation Act of 1973
    - Section 501
    - Section 502
    - Section 503
    - Section 504
- Civil Rights Attorney Fees Act
- Developmental Disabilities Assistance and Bill of Rights Act
- Federal Architectural Barriers Act of 1968
- Federal Urban Mass Transportation Act of 1972
- Rehabilitation, Comprehensive Services and Developmental Disabilities Act of 1978
- Federal Entitlement Programs Providing Financial Assistance and Social Welfare
- Comprehensive Employment and Training Act of 1973
- Direct Loan Program for Housing for the Elderly and Handicapped, Section 202
- Revenue Act of 1978, Targeted Jobs Tax Credit
- Vietnam Era Veterans Readjustment Assistance Act of 1974
- Questions and Answers Regarding Section 504 of the Rehabilitation Act of 1973
- Section 503: Affirmative Action in the 1980's

Legislation

American society has tended to segregate the disabled population (Dussault & Carty, 1978). This segregation has been the result of institutionalization, separate schools, inaccessible facilities, and attitudinal barriers. Given this situation, relatively little attention has focused on the development of alternatives for disabled people -- alternatives in housing, education, public transportation and employment that most non-disabled people take for granted.

Prior to the 1970s, most policy changes benefitting disabled people came about through efforts of organizations of parents or friends of disabled persons. For example, the National Association for Retarded Citizens, the Mental Health Association and the National Federation for the Blind, all lobbied vigorously in the 1960s and 1970s, but were able to secure only piecemeal legislation (Dussault & Carty, 1978).

During the 1970s, landmark court cases led to legislation that has established a number of basic rights for both physically and mentally disabled persons. These include the right to education, the right to be free from discrimination in employment and public accommodations, the right to fair and impartial classification and labeling, the right to fair treatment (especially in institutional settings), the right to be placed in the least restrictive setting commensurate with individual needs, the right to vote and the right to live in the community.

Recent legislation not only provides for much needed services to disabled persons, but also recognizes their rights as citizens. Additionally, it specifies concrete methods for vindication of rights through entitlements for service programs and individual enforcement action. These recent statutes provide a basis for overall gains in the area of civil rights (Dussault & Carty, 1978).

One of the earlier but more important legislative victories came in the area of education. As late as 1971, only sixteen states had mandatory education for disabled children. At that time, mandatory education was defined as providing educational services to school-age children regardless of handicap (Dussault & Carty, 1978)

Most of the legal precedents for the right to education can be found in the U. S. Supreme Court decision, Brown vs. Board of Education. While the Brown case did not involve disabled students per se, the case dealt with segregation vs. integration -- in this case, segregation of black students. The doctrines set in that historic ruling are recognized as applicable to disabled students as well. No child may be expected to succeed in life if he or she is denied the opportunity of an education (Dussault & Carty, 1978).

The Education of All Handicapped Children Act

P.L. 94-142

On November 28, 1975, the Education for All Handicapped Children Act (P.L. 94-142) was passed. It provides for free, appropriate education for all handicapped children and calls for increased federal commitment to assist states in providing this education. The bill took four years to develop in Congress. Testimony revealed that only about half of the estimated eight million school-age children with disabilities were receiving educational services. In implementing the act, priority was given to severely handicapped children not being served and to those receiving services whose educational needs were inadequately met. To qualify for federal assistance under the act, by September 1, 1978, states must be providing education for all handicapped childeren between ages three and eighteen, and by September 1, 1980, for all children between three and twenty-one (Section 504, 1979).

The law encompasses three major principles: 1) due process -- provisions specifying a means for parents and/or students to appeal placement in programs thought to be inappropriate for the child's partilar needs, 2) least restrictive alternative -- the child should be placed in a regular, mainstreamed, or special education program where he/she can reach maximum potential in the least possible restricted environment, and 3) Individual Education Program -- designed to ensure that everyone responsible for education of the disabled child knows the child's capabilities upon entry to school. It provides long and short range goals for continuation of the most appropriate individualized program throughout the child's schooling. Sanctions include withholding of federal funds to state and/or local education agencies that fail to comply.

Rehabilitation Act of 1973

P.L. 93-112 as amended by P.L. 93-516

Another act of federal legislation that recognizes the rights of handicapped persons is the Rehabilitation Act of 1973 (P.L. 93-112) as amended by P.L. 93-516. According to Ballard (1976), the Rehabilitation Act of 1973 established statutory guidelines for programs and services offered by the Rehabilitation Services Administration. This Act clearly mandates that State Vocational Rehabilitation Agencies give top priority to the development and implementation of rehabilitation services for severely disabled people.

With passage of the Rehabilitation Act of 1973, Vocational Rehabilitation programs must: evaluate rehabilitation potential of severely disabled individuals; study methods to meet independent and self-sufficiency needs of people who are not easily employed; construct and improve rehabilitation facilities; develop methods to incorporate medical and scientific advances into employment programs; expand services to disabled people who are homebound or institutionalized; promote employment opportunities for disabled people; and evaluate approaches to the elimination of architectural barriers. The major sections of the Rehabilitation Act of 1973 are described below.

Section 501

Section 501 of the Rehabilitation Act of 1973 requires that each HEW departmental agency submit to the Civil Service Commission an affirmative action program plan for the hiring, placement and advancement of handicapped individuals. The plan must have been submitted one hundred and eighty days after September 26, 1973, and must be reviewed and updated annually.

Section 502

Section 502 established the Architectural and Transportation Compliance Board to ensure compliance with the Architectural Barriers Act of 1968. This section also mandates that five of the eleven public members of the Board be disabled persons. Also, the Board is authorized to "ensure that public conveyances including rolling stock are readily accessible to and usable by physically handicapped persons" (Section 504, 1979, p. 1-18).

Section 503

Section 503 of the Rehabilitation Act is implemented by the Department of Labor. It requires that any employer who provides $2,500 or more worth of goods or services to anyone and who is under contract to the federal government cannot discriminate in the hiring of disabled persons. These employers must take affirmative action in employment and advancement of qualified handicapped persons. According to Section 503, an employer must give the disabled person an equal opportunity to be hired and to have full access to employment benefits. To comply with non-discrimination, the employer must make reasonable accommodations to enable the disabled person to perform the job for which he or she qualifies. For example, under reasonable accommodations, a secretary who is blind may require a Braille typewriter or equipment for audio dictation. These changes may be made in the workplace, the equipment, or the job itself (Herman & Walker, 1978).

Section 504

The Section 504 Regulation attacks discrimination and the demeaning practices and injustices that have affected the nation's handicapped citizens. Section 504, originally proposed as an amendment to the Civil Rights Act of 1964, was not passed into law until April 28, 1977. However, in essence, Section 504 is a mandate to include disabled persons in all aspects of daily living. The regulation mandates that federal programs must be accessible to disabled persons. It does not require that every building or part of every building must be accessible, but that the program as a whole must be accessible. For example, if every building on a college campus is not physically accessible, then class(es) for the mobility-impaired student may be moved to an architecturally accessible building. The intent is to make all benefits and services available to disabled persons as soon as possible. Institutions were given a three-year period (until June, 1980) to complete structural changes in their physical facilities. Nonstructural changes were to have been made within sixty days.

Section 504 is divided into subparts: general provisions; employment practices; program accessibility; preschool, elementary and secondary education; and health, welfare and social services. A summarization of each subpart follows (Section 504, 1979).

Subpart A - General Provisions. The general provisions section of the 504 regulations states that its purpose is: to make Section 504 accomplish the goal of eliminating discrimination on the basis of handicaps in any program or activity receiving federal financial assistance. This section applies to each recipient of HEW financial assistance and to "each program or activity that receives or benefits from such assistance" (Sec. 84.2). It defines important terms used repeatedly in the regulations -- recipient, qualified handicapped person, handicapped person. It carefully outlines the types of discriminatory actions that are prohibited (Section 504, 1979).

Subpart B - Employment. One of the primary objectives of Section 504 is to prevent recipients of HEW funds from relying on presumptions and stereotypes in making employment-related decisions. Recipients are generally required to base employment decisions on facts relevant to individual applicants or employees, and not on presumptions as to what a class of handicapped persons can or cannot do (Section 504, 1979).

Subpart C - Program Accessibility. Program accessibility may be the heart of Section 504. Effective benefits and services cannot be provided to handicapped people by health, welfare, education and other services if the buildings housing the services or the programs within the buildings are inaccessible. Each section of 504 comes to life as it is touched by the program accessibility section (Section 504, 1979).

Subpart D - Preschool, Elementary and Secondary Education. The key to Subpart D is the requirement that a "free appropriate public education" must be provided for each "qualified handicapped person" in the "most integrated setting" appropriate to that individual handicapped person's needs. The qualified handicapped student must be educated in the regular educational setting to the extent appropriate regardless of the severity of his/her disability. Recipients of HEW funds operating public elementary and secondary schools must comply. School districts must locate and notify all disabled children in their area who are not receiving a free public education and inform them of their rights.

Private schools receiving HEW funds must admit a qualified handicapped student if that student's needs can be met through minor adjustments. Private schools which offer special education for handicapped students and receive HEW funds are covered by requirements similar to public schools. They must provide an education appropriate to the individual handicapped student's needs and in the most integrated setting (Section 504, 1979).

Subpart E - Post-Secondary Education. The provisions of Subpart E apply to post-secondary programs including vocational education programs and activities. As with the employment section, provisions are applicable only to qualified handicapped persons. A qualified handicapped person with respect to post-secondary education is a handicapped person who meets the essential academic and technical standards for admission or participation in the institution's programs and activities.

Institutions are prohibited from discriminating against qualified handicapped students in a broad range of programs, educational activities and services. Admissions and recruitment, financial aid, housing, athletics, recreation, and the myriad of other related activities must be free from discrimination (Section 504, 1979).

Subpart F - Health, Welfare, and Social Services. This section concerns requirements applicable to health, welfare and other social service programs receiving or benefiting from federal financial assistance. Examples include the following (if they receive federal monies): Medicaid and Medicare Part A providers, vocational rehabilitation agencies, state agencies operating institutions and state agencies performing oversight responsibilities (Section 504, 1979).

To be protected under Section F, a person must fall within the definition of "qualified handicapped person" -- a handicapped person who meets the essential eligibility requirements for the receipt of the service in question.

In general, a recipient of federal monies may not deny or limit the benefits or services offered to qualified handicapped people, provide less effective or unequal services or benefits or provide different or special services to qualified handicapped persons except when necessary to ensure that services as effective as those offered to others are available to the qualified handicapped person. All recipients of federal monies who employ more than 15 people shall provide appropriate aids (brailled or taped materials, interpreter service) when necessary to afford a qualified handicapped person equal opportunities to benefit from the program's services.

Civil Rights Attorney Fees Act

P.L. 94-559

Legislation passed by Congress in 1976, the Civil Rights Attorney Fees Act (P. L. 94-559) increases the likelihood of effective legal representation and advocacy on behalf of handicapped persons.

> The Civil Rights Attorney Fees Act (P.L. 94-559) authorizes federal courts to award reasonable attorney's fees to a prevailing party [party who wins the case] in cases arising under certain civil rights statutes, generally prohibiting denial of civil and constitutional rights in such areas as employment, housing, and contractural relationships. (Dussault & Carty, 1978, p. 131)

Thus far, many attorneys in private practice have been reluctant to undertake lawsuits involving the civil rights of handicapped persons, and legal-service lawyers have been overburdened with on-going caseloads. This act may prove to be an incentive to attorneys to become involved in litigation pertaining to the rights of the disabled population (Dussault & Carty, 1978).

Developmental Disabilities Assistance and Bill of Rights Act

P.L. 94-103

The Developmental Disabilities Assistance and Bill of Rights Act of 1975 (P.L. 94-103) amended from 1970, focuses on "the treatment, services, and habilitation for a person with development disabilities . . . should be provided in the setting that is least restrictive of a person's personal liberty" (Carty, 1978, p. 155). This legislative action was taken to prevent so-called "warehousing" of developmentally disabled individuals in isolated residential institutions. Development of community-based alternatives to institutionalization is mandated by this act.

The Developmental Disabilities Assistance and Bill of Rights Act mandates the development of state plans and affirmative action for employment of qualified handicapped persons. The act also revised the National Advisory Council on Services and Facilities and provided a list of minimum standards for the operation of residential facilities. All states were commissioned to develop protection and advocacy councils, by October 1, 1977.

Federal Architectural Barriers Act of 1968

Accessibility is of vital importance to those who are mobility impaired. The federal Architectural Barriers Act of 1968 (revised 1979) and similar laws in every state require that architectural barriers be eliminated in new construction and renovation. Enforcement, however, is generally lax. Architects, planners, and developers continue to construct inaccessible buildings. Consequently, the legal right to travel freely both indoors and outside continues to be denied to many disabled persons (Dussault & Carty, 1978).

Federal Urban Mass Transportation Act of 1972

Accessibility is of vital importance to those who are mobility impaired. The Federal Urban Mass Transportation Act of 1972 states that to acquire the 80% federal matching monies available to metropolitan transportation systems, special provisions must be made for handicapped citizens whenever new transportation equipment is purchased. However, "special provisions" do not equal full accessibility. During the last two years, major metropolitan transit systems have been beseiged with suits related to inaccessibility. Greater transit accessibility has been demanded both under the Federal Urban Mass Transit Act and state anti-discrimination laws (Dussault & Carty, 1978).

Rehabilitation, Comprehensive Services and Developmental Disabilities Act of 1978

The opportunity to live freely and independently is important for people who are disabled. The Rehabilitation, Comprehensive Services and Developmental Disabilities Act of 1978 is specifically designed for disabled people who wish to control their life based on the choice of acceptable options which minimize reliance on others in making decisions and in performing everyday activities (Frieden, 1979). This piece of legislation was developed when Title VII - Comprehensive Services for Independent Living was combined with the Rehabilitation Act of 1973 and re-titled the Rehabilitation, Comprehensive Services and Developmental Disabilities Act of 1978.

Under this legislation, ten states have received $200,000 each from the Rehabilitation Services Administration to develop independent living projects. The legislation was passed expressly to meet needs of people whose disabilities are so severe that they may not presently demonstrate the potential for employment, but they may benefit from vocational rehabilitation services geared to enable them to live independently. Any severely disabled individual who cannot engage or continue in employment, or who cannot function independently in family or community may qualify for the independent living services. The Act mandates a full spectrum of vocational rehabilitation services to enable a person to eventually function with family, community and employment. Examples of independent living services are counseling, housing, job placement, transportation, attendant care, prosthetics and orthotics, health maintenance, recreation, prevention services, advocacy, and special programs for the blind and deaf (Frieden, 1979).

Community-based independent living programs directly provide or indirectly coordinate those services necessary to assist severely disabled persons. Independent living programs may involve coordination of services rather than construction of a specific center. Custodial care facilities, and primary medical care facilities are specifically excluded from the definition of an independent living project or program (Frieden, 1979).

Federal Entitlement Programs Providing Financial Assistance and Social Welfare

A growing range of federal entitlement programs provide financial assistance and social welfare benefits to mentally and physically disabled people. Most of this legislation is based on recognition of disabled people as consumers and rightful participants. Examples include Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicare and Medicaid, and benefits for military personnel and their families under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

Social Security Disability Insurance (SSDI) provides monies for disabled workers under age 65 and their families, persons disabled before age 22, and disabled widows or dependent disabled widowers. A disabled worker is described as someone who has a physical or mental condition which prevents substantial gainful work for at least twelve months. A disabled person is eligible if he or she has worked under social security for a specified period of time. The number of years of work required to qualify depends upon age. Monthly cash benefits are determined by average earnings over a period of years. A person who becomes employed will continue to receive full benefits for a nine-month work trial period. A person will not lose benefits if he or she does not earn more than $230 per month or $2,760 per year (National Resource Directory, 1979).

Under Supplemental Security Income (SSI) the federal government makes monthly cash payments to people in financial need who are blind, disabled, or 65 years old or over. Qualification is based on income, cash assets, and property. For those who qualify, the minimum SSI payment is approximately $130 a month for one person and $195 a month for a married couple. Persons who qualify for SSI can have another source of minimal monthly income in addition to SSI. However, the ceiling income varies. Single persons must earn less than $228 a month; married couples must earn less than $332 a month. In some cases, an SSI Self Support Plan can be implemented. Under this plan an individual can continue to receive SSI monthly benefits while working and earning monies through a Vocational Rehabilitation Program. The plan, usually written and submitted by a rehabilitation professional, is designed to provide incentives for disabled individuals to attain or regain employment to contribute to their own financial support. SSI support ceases after the individual is placed into competitive employment. Applicants for SSDI/SSI should check with their local social security office for details.

Medicare is available for disabled recipients of SSDI and SSI who have received payments for two years or more. Two forms of benefits, Hospital and Medical, are available to recipients of social security benefits. Twenty-four months after social security benefits begin, the disabled person automatically receives Hospital benefits. The individual must apply for the Medical benefits at a cost of approximately $8 per month. Medicaid recipients are also entitled to the following services under the welfare or social services department at the state or local level: home-maker service, home health aid program, visiting nurse services, transportation when related to medical needs, and equipment. Coverage varies from state to state. Information is available by contacting the local social security administration office (National Resource Directory, 1979).

Claiming benefits under these programs is often a complicated and lengthy process. In some states, consumer groups have set up citizen advocacy systems to help disabled persons apply for personal entitlements (Dussault & Carty, 1978).

(Permission to reprint this form is
on file at 223 S. 5th St., Columbia, MO)

Comprehensive Employment and Training Act of 1973

For a severely disabled person whose goal is competitive employment, the Comprehensive Employment and Training Act of 1973 (CETA) is an important resource. CETA provides intensive manpower and supportive services to economically disadvantaged, unemployed and underemployed persons. Services include on-the-job or classroom training, work experience, public service employment, job-related education, counseling, child care services, and medical, legal, and transportation assistance.

As of April 3, 1979 CETA (Title VI) includes disabled people whose handicap presents "substantial barriers to employment". To quality for CETA employment, individuals are not required to have an income level that is considered economically disadvantaged. Title VI gives persons who are disabled high priority with prime sponsors. A prime sponsor is an agent, agency, or legislative district (population 100,000 or more) that receives funding from the Department of Labor to implement a CETA program (Brauchlee, 1980). An eligible person who is disabled may earn up to $10,000 a year for one year on a CETA appointment. Further information is available through the local CETA Central Intake Office.

Direct Loan Program for Housing for the Elderly and Handicapped

Section 202

Financing for construction of accessible housing for elderly and handicapped people is available through Section 202, Direct Loan Program for Housing for the Elderly and Handicapped, 1959 as amended by the Housing and Community Development Act of 1974 (P.L. 93-383). The Act provides for direct long-term financing to non-profit sponsors for the construction or substantial rehabilitation of rental housing for physically handicapped persons. For these loans, applicants to Housing and Urban Development (HUD) must be private, non-profit organizations. More information may be acquired by contacting HUD (Creating An Accessible Campus, 1978).

Revenue Act of 1978, P.L. 95-600

Targeted Jobs Tax Credit

The Revenue Act of 1978 (P.L. 95-600) subtitle Targeted Jobs Tax Credit section 321 has established a tax credit incentive program for employers who hire individuals in seven targeted groups. These groups include:

1. Handicapped people referred from vocational rehabilitation programs or the Veterans Administration.
2. Youth, 18 through 24, in economically disadvantaged families with income the preceding 6 months less than 70% of the Bureau of Labor Statistics lower living standards.
3. Recipients of Supplemental Security Income (SSI).

4. Vietnam-era veterans under 35 who are economically disadvantaged.
5. Recipients of general assistance (state or locally financed welfare) for 30 or more days.
6. Youth, 16 through 18, participating in an approved cooperative education program.
7. Ex-convicts (convicted of a felony) who are economically disadvantaged and hired within 5 years after conviction or prison release.

The Targeted Jobs Tax Credit (TJTC) replaces the Vocational Rehabilitation Tax Credit and the Jobs Tax Credit that expired December 31, 1978 and modifies the WIN/Welfare Tax Credit that continues in force. The TJTC is an elective tax credit applying to wage costs incurred by private employers between January 1, 1979 and December 31, 1980 for certified employees hired after September 26, 1978. The tax credit is 50% of the first $6,000 in wages paid during the first year of employment (maximum credit of $3,000 per employee) and 25% of the first $6,000 in wages paid during the second year of employment (maximum of $1,500 per employee). Various participating agencies, including the local Job Service office, can provide more information about eligibility and tax credit procedures.

Vietnam Era Veterans Readjustment Assistance Act of 1974

This act requires that every employer with a Federal Government contract of $10,000 or more must take affirmative action to hire disabled veterans of all wars and all veterans of the Vietnam Era. Affirmative action applies to all personnel actions as well as hiring practices. According to the act, a disabled veteran is a person who has a 30% or more disability rating from the Veterans Administration, or who was discharged or released from active duty for a service-connected disability. Complaints of discrimination related to the Vietnam Era Veterans Readjustment Assistance Act should be filed with the Office of Federal Contract Compliance Programs, U.S. Department of Labor, Washington, D.C. 20210. A copy of the official regulations for this act can be obtained from the Employment Standards Administration, U.S. Department of Labor, Washington, D.C. 20210.

References

Ballard, J. Active federal education laws for exceptional persons. In F. Weintraub, A. Abeson, J. Ballard, & M. LaVor (Eds.), Public policy and the education of exceptional children. Reston, VA: Council for Exceptional Children, 1976.

Brauchlee, P. Personal communication, January 16, 1980.

Carty, L.A. Advocacy. In R.M. Goldenson (Ed.), Disability and rehabilitation handbook. New York: McGraw-Hill, 1978.

Questions and Answers
Regarding Section 504 of the
Rehabilitation Act of 1973

E. T. Buchanan, III

Preface

SUBJECT OF DOCUMENT

This document summarizes major provisions of Title 45, Part 84, Code of Federal Regulations, published in the Federal Register on Wednesday, May 4, 1977, at pages 22676-22702. This regulation implements Sec. 504, of the Rehabilitation Act of 1973, 29 United States Code 706. Sec. 504 reads, in pertinent part, as follows:

> "no otherwise qualified handicapped individual...shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

RELATIONSHIP TO TITLE VI AND TITLE IX MANDATES

Section 504 is the first Federal civil rights law protecting the rights of handicapped persons, and reflects a Federal commitment to end discrimination on the basis of handicap, comparable to Title VI of the Civil Rights Act of 1964 (racial discrimination) and Title IX of the Higher Education Amendments of 1972 (sex discrimination). Colleges and universities are mandated to end discrimination and to bring handicapped persons into the mainstream of college and university life.

RELATIONSHIP TO SEC. 503, REHABILITATION ACT OF 1973

Sec. 503, which deals with discrimination by Federal contractors against the disabled, is enforced by the Department of Labor's Office of Federal Contract Compliance--not Health, Education, and Welfare's Office of Civil Rights. Thus, you should note that the Department of Labor has issued regulations implementing Sec. 503, which regulations may have further impact on your institution. The two departments--Labor and HEW--have attempted to resolve differences in language in the two sets of regulations. The Sec. 503 regulations were published in the April 16, 1976 Federal Register.

To obtain a continuing update on Sec. 504 cases, and other cases and materials on the law of the disabled, you may wish to subscribe to AMICUS, published bimonthly by the National Center for Law and the Handicapped, Inc., 1235 North Eddy Street, South Bend, Indiana 46617 (219-288-4751).

In American higher education, no more than 200,000 handicapped students-- between 18-24--are enrolled in college each year. This is less than 2% of the total enrollment. Quare? What about the eligible handicapped above age 24? Is this a new market? Note that the 1979 census data indicates that only 3.3% of the persons aged 18-44 who reported they were severely disabled had obtained a first college degree.

Key Provisions

Section 503--primarily applies to private sector employers; is enforced by the Department of Labor; "all Federal contractors with government contracts over $2,500 are to take affirmative action to hire and advance qualified handicapped individuals."

Section 504--primarily applies to public sector employers; is enforced by Health, Education, and Welfare; "no discrimination against handicapped in any federally funded program or activity."

Executive Order 11914--April 28, 1976--Requires Health, Education, and Welfare to coordinate implementation of Section 504 by all Federal agencies. Coordinating rule is published in the June 17, 1977, Federal Register.

The Regulation

A. COMPLIANCE PROCEDURES

1. Who coordinates compliance with the regulations for a college?

Under 84.7(a), the college must designate at least one employee as coordinator. The name of the coordinator shall be published as part of the notice required by Sec. 84.8(a).

2. Under 84.8, the college shall, by September 3, 1977, and on a continuing basis, notify the public that it does not discriminate on the basis of handicap.

3. Should an institutional self-evaluation be performed?

84.6(c) requires a self-evaluation:

a. evaluating policies and practices utilizing persons who are handicapped;

b. modifying policies and practices;

c. appropriate remedial steps.

Written documentation, to include a list of the handicapped persons consulted, the problems identified, modifications made, and remedial actions shall be maintained on file until June 3, 1981.

4. What is the deadline for the institution's self-evaluation?

June 3, 1978. (84.6(c))

5. Do the regulations require grievance procedures?

Yes. You may wish to modify your Title IX grievance procedures to incorporate this requirement. This regulation does not require a grievance procedure for disappointed applicants for employment or applicants for admission. (84.7) Note that a grievant is not required to have exhausted the internal grievance process before filing a complaint with HEW.

6. Do the regulations require affirmative action with regard to handicapped persons?

This regulation--implementing Sec. 504 of the Act--does not require arrirmative action. Federal contractors, who fall under Sec. 503 of the Act, are mandated to take affirmative action.

Under 84.6(a) the concept of "remedial" action is defined, while 84.6(b) establishes "voluntary" action as a remedy. Under 84.6(a) if a college has in the past discriminated against the handicapped, the college may be required to take remedial action, both as to former students and as to persons who would have enrolled but for the discrimination.

Under 84.4(b)(2), a college may have to provide additional services, aids, or benefits to handicapped students to afford such students an equal opportunity.

7. Does a state law which conflicts with these regulations have precedence?

Under 84.10, the statute and these regulations take precedence over contrary state statutes.

B. DEFINITIONS

"Handicapped Persons"--See 84.3 Handicap includes: epilepsy, heart disease, cancer, mental retardation, emotional illness, learning disabilities, limps, scars, etc.

"Qualified Handicapped Persons"--See 84.4, 84.3(k)(3). For post/secondary education programs, means that both academic and essential nonacademic admission criteria must be met by the applicant.

1. Do the regulations cover environmental, cultural, and economic handicaps" .

No, only physical and mental handicaps are covered by the regulation. The following are specifically excluded: prison record, age, homosexuality.

2. Are drug addicts and alcoholics handicapped?

Yes, if their impairment substantially limits one of their major life activities.

3. May an employer ask pre-employment questions regarding drug addiction or alcoholism?

An employer may consider past personnel records, disruptive behavior, and unsatisfactory performance for all applicants, including alcoholics and addicts.

4. Must all drug addicts and alcoholics who apply for employment be hired?

No. While an alcoholic or addict may not be disqualified from employment solely because of his condition, the behavioral manifestations of the condition may be taken into account in determining if he is qualified. If the addiction or alcoholism prevents successful performance of the job, the person need not be hired. An employer may judge all applicants for employment on the same basis.

5. Can a drug addict or alcoholic be fired for drinking or taking drugs on the job?

Yes. A drug addict or alcoholic is held to the same standards of performance and behavior as are other employees. An employer may enforce rules prohibiting drinking, etc. on the job.

6. May a college refuse to admit an alcoholic or an addict to its program of study?

A college may not, on the basis of alcoholism or addiction, prevent an alcoholic or addict from becoming a student, if the alcoholic or addict can successfully participate in the educational program and comply with the rules of the college, and if his behavior does not impede the performance of other students.

7. Can college disciplinary rules regarding drinking or drug use continue to be enforced?

The application of rules prohibiting drinking or drug use to drug addicts or alcoholics is permissible, so long as all students are disciplined under these rules.

C. FACILITIES

Facilities are to be provided that offer programs in the most integrated setting possible. (84.22(b))

1. What changes in existing facilities must be made?

Under 84.22, structural changes in existing facilities are required only where there is no other feasible way to make the program accessible. Accessibility can be accomplished by redesigning equipment, or reassigning classes or other services to other buildings.

All existing classrooms do not have to be accessible if enough classes so as to offer "all required courses and a reasonable selection of elective courses" are in accessible facilities.

A college may not exclude a handicapped student from a specifically requested course offering because it is not offered in an accessible location, but the college is not required to make each section of that course accessible.

The responsibility is on the handicapped student and not on the institution to determine that a course is not accessible. Until the institution is informed of the lack of accessibility, there is no discrimination.

2. What about new construction?

Under 34.23, the term, "if construction has commenced," is considered to mean, "if ground-breaking has occurred." If ground was broken after June 3, 1977, facilities or parts of facilities constructed thereafter, to include modification of existing facilities, are to be accessible.

The design of these modifications should be in accordance with the ANSI standards. (These can be obtained from: ANSI, 1430 Broadway, New York, NY 10018--include $2.75).

3. May a college erect additional buildings on an existing site which has very hilly terrain?

Yes, but new campuses should not be constructed on sites or on locations that, by virtue of terrain, discriminate against the handicapped. (84.8)

D. EMPLOYMENT GENERALLY

1. What about employment tests?

Under 84.13, employment tests may not be used unless the test score can be demonstrated to be job related. Employment tests must reflect an applicant's skills or aptitude rather than any impaired sensory, manual, or speaking skills.

2. May an employer refuse to hire an otherwise qualified candidate for a typing pool position because the candidate has a speech impediment?

No, as long as the candidate can type satisfactorily, the speech impediment may not be a valid reason for denying employment.

For example, in Gurmankin v. Costanzo, 411 F. Supp. 982 (E. D. Pa. 1976), Third Cir., (May, 1977), Judith Gurmankin, the blind holder of a Pennsylvania teaching certificate, in 1969 was prohibited from taking the Philadelphia Teacher's Exam, or applying for a Philadelphia teaching position on the basis of a Philadelphia School District policy preventing employment of applicants with a "chronic or acute physical defect."

In 1974, the School District repealed this policy, and Gurmankin successfully took the Teacher's Exam, and obtained employment. Gurmankin then filed suit to obtain seniority rights from 1970, when she first applied to take the exam. The district court held and the Third Circuit sustained a ruling requiring the District to grant her seniority rights as of 1970.

Note: While this case does not construe Sec. 504, the remedy fashioned may become a familiar one in Sec. 504 cases.

3. What pre-employment questions may an employer ask regarding handicaps?

Under 84.14, an employer may only ask about the ability to do the job. The employer may not ask about handicaps (nature or severity) unless the employer is taking remedial, voluntary, or affirmative action steps to overcome past discriminatory practices. Under these circumstances, the employer may request information about handicaps the prospective employee may respond on a voluntary basis.

4. May an employer have a question on a form for a truck driver's job asking if the applicant is visually impaired?

No. Under 84.14, the employer may only ask if the applicant has a current driver's license.

5. May an employer ask an applicant for a heavy machinery repairman position if he is an epileptic?

No, but the employer may ask if the applicant can perform the job without endangering other employees.

For example, in Duran v. City of Tampa, Civil No. 76-683 (D. C. M. D. Fla. 1977), plaintiff Duran applied to become a Tampa police officer in April, 1975. He passed the oral and written tests, but was not allowed to take the medical exam, on the basis of a city policy disqualifying persons with a history of epilepsy from employment. Duran had been diagnosed as an epileptic as a child, but has taken no medication for ten years and has not had a seizure for 16 years.

In a preliminary hearing, the court found Duran's Sec. 504 claim to be valid.

6. May an employer make an offer of employment contingent upon passing a medical exam?

Yes, if all entering employees are required to be examined and the data is used consistent with these regulations. (84.14 (c))

7. If a current employee goes blind, must the employer accommodate the handicap of the employee?

Yes, under 84.12, a small day-care center and a large school district must both accommodate, but the school district will be expected to spend more funds.

See, for example, Mogetz v. Coppage, No. 76-0478-R (E. D. Va. 1977). In January, 1974, plaintiff Mogetz was employed by the Virginia state agency for the visually handicapped as a "visually handicapped social worker," coordinating intake and referral services for the agency. After 1½ years of employment, her pre-existing eye disease worsened. As her eyesight seriously deteriorated, she requested visual assistance from her employer, which was not provided. Mogetz alleges that her employer failed to make a reasonable accommodation to her handicap.

E. ADMISSIONS

1. Must recruiting and other brochures include photographs of handicapped persons, ramps, etc.? (84.8; agency comment 13)

No, such are not required, but their utilization is encouraged.

2. What about admission tests? (84.42)

A quota of handicapped persons may not be established.

Tests must be administered in facilities that are "on the whole" accessible.

Tests for persons with impaired speech, hearing, sight, or manual skills must be offered as often as are other admission tests.

Tests may not have a disproportionate adverse effect on handicapped persons.

CEEB is revising a brochure on testing the blind, oral testing, and testing without time limits.

3. Can a college make a preadmission inquiry regarding a student's handicap?

Yes, if and only if the college is taking remedial or voluntary action and if the information request states that this is voluntary. Once a student is admitted, the college may ask about handicaps so it can accommodate same.

4. May a professional school deny admission to handicapped persons simply because such persons will find it more difficult to get jobs?

No. A law school may not deny a blind student admission simply because blind lawyers find it harder to get jobs.

F. ACADEMIC ISSUES

1. Must colleges operate programs and activities in the most integrated setting appropriate?

Yes. If several classes in chemistry were offered and one was moved to the first floor of the science building to accommodate students in wheelchairs, it would be a violation to concentrate handicapped students with no mobility impairments in the same class.

2. May a consortium be developed to meet the requirements of this regulation?

Several institutions cannot agree to make a particular academic program on one campus accessible, but can agree to offer all biology on Campus A, all history on Campus B, and all psychology on Campus C. (84.22)

3. Must colleges modify academic requirements to ensure that they do not discriminate on the basis of handicap?

Yes. The regulations do not obligate an institution to waive courses or other academic requirements, but the institution must accommodate those requirements to the needs of individual handicapped students. For example, a college may permit a deaf student to substitute a music history course for a required course in music appreciation, or could modify the manner in which the music appreciation course is conducted for the deaf student.

4. Must a college waive its "other rules," such as prohibition of tape recorders or guide dogs in classrooms for handicapped persons?

Yes, if these prohibitions would limit their participation in programs and activities. In the event that there is a possibility that a professor may want to copyright a lecture, students may be required to sign an agreement to the effect that they will not release the tape recording or transcription of same or otherwise hinder the professor's ability to obtain a copyright.

The newly revised U.S. Copyright Statute (Public Law 94-533) authorizes nonprofit institutions for the deaf to copy, caption, display, and share television programs, and expedites the production of braille or recorded books, minimizing delays in obtaining clearance from the copyright owner.

5. What about auxiliary aids, such as tape recorders or guide dogs?

It is anticipated that the bulk of auxiliary aids will be paid for by the state and private agencies, instead of the colleges and universities. Colleges can usually meet this obligation by assisting students in using existing resources such as state vocational rehabilitation agencies and private charitable organizations.

6. Must a college obtain assurance that a co-op employer or the school district which employs interns does not discriminate on the basis of handicap?

Yes.

Tax Deductions

The Tax Reform Act of 1976, Section 2122, implemented by regulations published in the April 4, 1977 Federal Register, allows tax deductions for removal of architectural and transportation barriers. Your disabled students may be able to use this authority to encourage local businesses to remove barriers.

G. STUDENT SERVICES

1. What about housing?

At the end of the three-year transition period, colleges that provide housing for nonhandicapped students must provide comparable, convenient, and accessible housing for handicapped persons at the same cost as for the nonhandicapped persons. Some handicapped persons can live in any college housing and need not wait to the end of the transition period to be offered the same variety and scope of housing given to nonhandicapped persons.

2. Must a college obtain assurance that persons providing off-campus housing do not discriminate on the basis of handicap?

Yes, colleges may use the procedures developed under Title IX to make this assurance. It is not a requirement to make all off-campus living accommodations accessible.

3. What about financial assistance?

An institution may not, on the basis of handicap, provide less assistance than it provides to nonhandicapped persons. It is not discriminatory to deny an athletic scholarship to a handicapped person if the handicap renders him unable to qualify for the award.

4. Is a college required to provide special services for handicapped persons in health programs?

No. The college infirmary need only provide handicapped and nonhandicapped persons the same level of service.

5. What about campus shuttle bus programs?

Institutions providing shuttle bus transportation on or to campus may wish to contact the Office of the Secretary of Transportation, Washington, D.C., to obtain current federal standards establishing accessibility requirements in federally-funded mass transportation programs. Standards for front-door-step height, effective floor heights, and wheelchair accessibility are being considered. See Bartels v. Biernat, 405 F. Sup. 1012 (E. D. Wis. 1975) and Young, et al. v. Coleman, et al. No. H-76-201 (D. Conn.) (currently on appeal to the U.S. Second Circuit).

Dr. E. T. (Joe) Buchanan, III, an attorney, is presently Dean of Student Services, Tidewater Community College, Virginia Beach, Virginia. Dr. Buchanan was former Director of the National Association of Student Personnel Administrators (NASPA) Division of Governmental Relations and Legislation. This report summarizes activities by courts and administrative agencies on a broad range of subjects affecting the disabled. Accordingly, NASPA assumes no responsibility for compliance efforts undertaken on the basis of this combined report (July 1977, December, 1977). This material is included here to aid administrators in carrying out implementation of the law concerning the handicapped. These questions and answers (excerpts) will help to clarify programs, services, and facilities needs requiring financing.

From E. T. Buchanan, III. Questions and answers regarding Section 504 of the Rehabilitation Act of 1973. In B. J. Eckstein (Ed.), Handicapping funding directory. Copyright (1978) Research Grant Guides, Oceanside, NY. Reprinted with permission.

Legislation Affecting Handicapped Children: Resources and Audio-Visual Materials

CHILDREN, PARENTS, AND THE LAW: 1978-79 DEVELOPMENTS. Available from: Frank Porter Graham Center, Highway 54 Bypass-West, Chapel Hill, NC 27514.

THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT. Ballard, Nazzaro, & Weintraub, 1976. Available from: Administrative Resources Division, Capitol Publications, Inc., 2430 Pennsylvania Avenue, N.W., Washington, D.C. 20037. Cost: $50.00, Order No. 47800. This three-part multimedia presentation includes 3 captioned filmstrips, 3 audio cassettes, copy of the law, question-and-answer document and printed script for each film. This package is suitable for general audiences, inservice training, and parent programs.

THE LAW AND HANDICAPPED CHILDREN IN SCHOOL. Available from: Audio-Visual Center, Indiana University, Bloomington, IN 47405, (812) 337-8087. This series of 14 videotapes assesses history and applicability of P.L. 94-142, P.L. 93-112, and Section 504 of the Rehabilitation Act of 1973.

A PRIMER ON DUE PROCESS: EDUCATION DECISIONS FOR HANDICAPPED CHILDREN. Abeson, A., Bolick, N., & Hass, J., 1975. Available from: Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091.

RIGHT TO EDUCATION: ANATOMY OF THE PENNSYLVANIA CASE AND ITS IMPLICATIONS FOR EXCEPTIONAL CHILDREN. Lippman, L., & Goldberg, I., 1973. Available from: Teachers College Press, Columbia University, New York, NY 10027.

Implementation of Section 504 of the Rehabilitation Act of 1973: Resources for Colleges and Universities

ISSUES AND ANSWERS FOR IMPLEMENTING SECTION 504. Available from: National Association of College and University Business Officers, 1 Dupont Circle, Suite 510, Washington, D.C. 20036. Cost: free. This article addresses questions regarding program and physical accessibility of colleges and universities relative to Section 504.

PLANNING FOR IMPLEMENTATION OF SECTION 504 AT COLLEGES AND UNIVERSITIES. Mistler, S., 1978. Available from: Regional Rehabilitation and Research Institute on Attitudinal, Legal and Leisure Barriers, George Washington University, 1828 L Street, N.W., Suite 704, Washington, D.C. 20036. Cost: single copies, free; 2-10, $1.00 each; 11 or more, $.75 each.

GUIDE TO THE SECTION 504 SELF-EVALUATION FOR COLLEGES AND UNIVERSITIES. Available from: National Association of College and University Business Officers, 1 Dupont Circle, Suite 510, Washington, D.C. 20036.

SECTION 503: AFFIRMATIVE ACTION IN THE 1980's

Affirmative action, handicapped people and government contractors: these three components add up to Section 503 of the Rehabilitation Act of 1973. Specifically, this act was designed to mandate the proper selection and working conditions for handicapped individuals. Moreover, it was amended to give a broader definition of who is a handicapped person. When the legislation was written, any business with government subcontracts or purchase orders of more than $2500 had to include an affirmative action clause in their hiring policy. This included 3,000,000 businesses, or about half of those in the country. Moreover, each government contractor holding a contract or subcontract of $50,000 or more and having at least 50 employees is required to develop and maintain an affirmative action program which sets forth policies and practices regarding handicapped employees.

In practical terms, the difference between the two obligations is the degree in which a business is responsible to provide affirmative action to handicapped people. By requiring larger contractors to have an affirmative action program, this legislation directed companies to actively participate in the recruitment and selection of handicapped people. These businesses needed to appoint company executives to both develop effective outreach programs and identify and create solutions for internal problem areas. Moreover, executives had to make sure their company did not consider handicapped people to be token employees, who were to be placed in stereotyped positions.

Current Administrative Policy

Ellen Shong, current director of the Office of Federal Contract Compliance Programs (OFCCP) recently stated that the present administration is very committed to assuring full participation of all Americans in all segments of economic activity. Yet, this administration does recognize the legitimacy of some complaints made by business about burdernsome regulations and excessively high costs of compliance. She stated that the OFCCP is committed to provide relief to private business (Shong, 1981).

One form of relief appears to be a change in the thresholds under which business is required to write affirmative action programs for the handicapped. New legislation plans to raise the levels of government contracting that necessitate strict compliance to Section 503.

Sources both inside and outside the government fix the new thresholds for Federal contracts at 250 employees and contracts totaling one million dollars. These figures would reduce the number of companies who must maintain affirmative action plans from 17,000 to 4,200 (Mainstream, Sept.-Oct. 1981).

Another issue contained in the proposed amendment is for the OFCCP to significantly reduce the number of compliance services of Federal contractors for a number of years, if the company establishes an internal training program.

Implications

There are strong implications concerning advocacy for the handicapped if and when these amendments pass into law. Legislation will reduce the number of businesses that must set forth and be responsible for affirmative action programs. Moreover, the OFCCP will undertake less of a watchdog position to make sure that affirmative action programs are being carried out. Thus, both handicapped individuals and their advocates must accept an additional burden to make sure that business is living up to its legal responsibility. Furthermore, the private sectors' obligation will not be as neatly spelled out as it has been for the previous ten years.

Changing Legislation

It is also imperative to be aware of the continuous changes in legislation that directly bear some effect on handicapped people. Federal Information Centers (FICs) offer a national network to guide citizens through the maze of bureaucratic channels to the information they need. FICs operate in 41 key cities, and are accessible to residents in 43 other cities via local telephone lines. Statewide toll-free "800" numbers are available in Florida, Iowa, Kansas, Nebraska and Missouri.

References

Mainstream. Washington, D.C.: Vol. 6, No. 5, Sept.-Oct. 1981.

A Pocket Guide. Washington, D.C.: President's Committee of Employment of the Handicapped, 1973.

Programs For the Handicapped. Washington, D.C.: Department of Education, July/August 1981, No. 4.

Shong, Ellen M. "We Will Focus Our Energies on Results . . . Mandated By Law," in Mainstream. Washington, D.C.: Vol. 6, No. 5, p. 3, Sept.-Oct. 1981.

Title Programs for the Handicapped - Clearing House for the Handicapped

Subject HG Legislation

Author

Date July/Aug. 1981

Description
A Federal journal that describes current handicapped programming in addition to offering information on organizational resources

Annotation

The article "Federal Info Centers May Answer Your Question" is concerned about the function of the national network of FICS. Different types of questions that are routine for this organization are described. Finally, directions on how to call and whom to write for this information is given.

Cost

Publisher
Dept. of Education
Office of Special Education and
Rehabilitative Services
Office of Information and Resources
For The Handicapped
Room 3106 Switzer Building
Washington D.C. 20202

Additional Information

Title Handicapped Requirements Handbook

Subject HG Legislation

Author

Date

Description

Annotation

This handbook contains complete information on Section 504, Section 503 affirmative action, and the Architectural Barriers Act. A subscription to the handbook includes a six-page monthly newsletter. New pages can be added to the handbook each month, and a telephone information service is available.

Cost

Publisher
Federal Program Advisory Service, 2120 L
Street, N.W., Washington, D.C. 20037

Additional Information

Item Handicapped Americans Report

Category HG Legislation

Description

This Newsletter is published bi-weekly (24 times a year). This Washington Based publication synthesizes and releases details about current legislation (proposed and passed) pertaining to the disabled population. It also lists new publications of interest to those working for and with the disabled.

Address

Handicapped American Report, 2626
Pennsylvania Avenue, N.W., Washington,
D.C. 20037

Phone

Additional Information

Cost for a one year subscription is $127.00, for 2 years $243.00, for 3 years $340.00.

Title A Handbook On The Legal Rights of Handicapped People

Subject HG Legislation

Author

Date

Description

Annotation

This is a compendium of laws on fundamental rights of handicapped citizens. Rights are outlined as they exist in the District of Columbia, Maryland, and Virginia. Content areas include Architectural Barriers, Benefits, Civil Rights, Education, Employment, Hospital and Medical Matters, Housing, Insurance, Transportation, Vocational Rehabilitation, Lawyers and Organizations.

Cost

Publisher

Additional Information Available from:

President's Committee on Employment of
the Handicapped, U.S. Government Printing
Office, Washington, D.C. 20402

Title Getting Uncle Sam to Enforce Your Civil Rights

Subject HG Legislation

Author

Date

Description

Annotation

This booklet explains various Federal laws protecting individuals from discrimination because of handicap, race, or ethnic background. It also describes agency jurisdiction and includes addresses and "how to" file problems associated with discrimination cases.

Cost

free

Publisher

U.S. Commission on Civil Rights, Publications Management Division, Room 700, 1121 Vermont Avenue, N.W., Washington, D.C. 20425

Additional Information

Title 504 Handbook

Subject HG Legislation

Author

Date

1979

Description

Annotation

The handbook introduces Section 504 in depth, teaches persons how to implement the regulation, overcome architectural, communication and environmental barriers, open up the job market for disabled people, and integrate disabled persons into all levels of education. Methods of enforcing 504 are explained (e.g. how to file a complaint with the Office of Civil Rights).

Cost

Publisher

Public Interest Law, Center of Philadelphia, 1315 Walnut Street, Suite 1600, Philadelphia, PA

486

Additional Information

Telephone: (215) 735-7200

Title Facilities Planning Guide For Special Education Programs: Planning Accessibility for the Handicapped in Public Schools

Subject HG Legislation

Author Brook, Kenneth

Date 1979

Description

Annotation

This guide is organized into 3 major parts. Part I "Impetus for Change" highlights the pressures that resulted in the current mandate of accessibility for the handicapped. Part II, "Planning for Accessibility", describes an approach to accessibility planning that assumes concern for integrating planning into traditional facility planning processes. Part III, "Specific Requirements for Accessibility", describes standards for buildings, both as presently applied under existing specifications of the American National Standards Institute and as recommended in the proposed new ANSI standards.

Cost

Publisher

National Association of State Directors of
Special Education, 1201 16 Street, N.W.,
Washington, D.C. 20036

Additional Information

Title Affirmative Action Brochures for: Federal Contractors

Subject HG Legislation

Author

Date 1979

Description

Annotation

This is a series of Ten Brochures on Section 503 of the Rehabilitation Act and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act. They include information on Job Accommodations, Affirmative Action Programs, Accessibility, 503/402 Enforcement, and Hidden Handicaps.

Cost

Publisher

Publication Orders, Mainstream, Inc., 1200
15th Street, N.W., Washington, D.C. 20005

Additional Information

Item National "Write Your Congressman" Club, Inc.

Category HG Legislation

Description

This is a national membership organization founded in 1958 to provide its members with legislative research on national issues. Each month members receive: 1) a documented Opinion Ballot giving both sides of a major, national issue; 2) a documented, legal size Newsletter giving additional debate on both sides of the issue; 3) an envelope pre-addressed to either their Representative, Senator, the President, or a Congressional Committee. The members also receive a Membership Certificate, and once a year they receive the Voting Records of their Congressmen.

In addition, members are polled each month on 3 major issues, and the club tells its members and Congress the results of the poll. Members can call or write the club at any time to find out what progress has been made on any bill in Congress. The Club has no connection with any other group or organization. It has no political ties and does not lobby. Membership costs $45.50.

Address

National "Write Your Congressman" Club,
Inc., 11420 East Northwest Highway,
Dallas, TX 75218

Phone

Additional Information

Item "Mainstream on Call" Hotline

Category HG Legislation

Description

Mainstream, Inc.'s national hotline 800-424-8089 is toll-free and accessible to hearing and speech impaired people. Mainstream, a non-profit group that answers questions about legislation concerning the handicapped, has installed a TTY and a toll-free WATTS line.

"Mainstream on Call" serves corporations, educators or service providers who need information on compliance with the Rehabilitation Act of 1973, disabled individuals with questions about their legal rights, and people seeking information about mainstreaming of handicapped people in employment, education, health care or any other aspects of daily living. Confidentiality is maintained at all times, although complex questions on specific cases are referred to experts in Federal enforcement and implementation agencies.

This free service is available Monday through Friday 9 a.m. to 5 p.m. Eastern time. (source: The Independent Winter, 1979)

Address

Phone 800-424-8089

Additional Information

Item Insight

Category HG Legislation

Description

"Insight" is a newsletter about Federal and State government and court action involving handicapped people. Cost is $20.00 per year.

Address

Council for Exceptional Children, 1920
Association Drive, Reston, VA 22091

Phone

Additional Information

Item In The Mainstream

Category HG Legislation

Description

This newsletter contains information on affirmative action for handicapped people.

Address

Mainstream, Inc., 1200 15th Street,
N.W., Washington, D.C. 20005

Phone

Additional Information

Item Washington Report

Category VI Legislation

Description

This bi-monthly newsletter reports and discusses Congressional and other federal government activities of concern to the field. "Washington Report" is free and available in print and braille. (source: American Foundation for the Blind)

Address

American Foundation for the Blind,
15 W. 16th Street, New York, NY 10011

Phone

Additional Information

Item National Center for Law and the Deaf

Category HI Legislation

Description

This center develops and provides legal representation, services, and information as well as legal education opportunities to the deaf and hearing impaired community. It also serves as a national center for the initiation of legislation and legal actions benefiting the entire class of deaf and hearing-impaired citizens. The center's information clearinghouse gathers and distributes information about legal and related problems associated with deafness and attempts to solve them.

Address

National Center for Law and the Deaf,
Florida Avenue & Seventh Street, N.E.,
Washington, D.C.

Phone

Additional Information

CHAPTER 33

Program Funding

This chapter has resources that involve different aspects of program funding. First, there are books that explain how to find and write grants. These guides include grants from various sources--government, foundation, corporate, or private. They also have discussions of the preposal, proposal, and post-proposal processes.

Furthermore, there are resources which describe programs and activities which provide assistance or benefits to disabled people and/or their advocates. Moreover, resources are included that speak specifically to cerebral palsy and visually impaired populations.

Title The Grants Planner - A Systems Approach to Grantsmanship

Subject HG Prog Funding

Author Conrad, D.L.

Date 1978

Description 272 pages

Annotation

This book describes techniques designed to "give you the edge" in this highly competitive area. It includes discussions of the pre-prosal, proposal and post-proposal processes. A series of forms, worksheets, and checklists can be photocopied for each project. It includes grants data and a 25 page bibliography of important works in the field.

Cost $37.50

Publisher

Administrative Resources Division, Capitol Publications Inc., 2430 Pennsylvania Ave., N.W., Washington, D.C. 20037

Additional Information Order No. 20720

Title Grants: How To Find Out About Them And What To Do Next

Subject HG Prog Funding

Author White, V.

Date

Description 354 pages

Annotation

This is a complete guide to grants, fellowships, contracts and scholarships from various sources - government, foundation, corporate, or private. This book explains how to find sources of grants and use them effectively.

Cost $19.50

Publisher

Administrative Resources Division, Capitol Publications Inc., 2430 Pennsylvania Ave., N.W., Washington, D.C. 20037

Additional Information Order No. 20700

Title Federal Assistance Guide for Vocational and Career Education for the Handicapped

Subject HG Prog Funding

Author
Bureau of Education for the Handicapped

Date
1979

Description
Funding guide

Annotation

This guide describes 28 federal programs which provide support for personnel development, research and development, curriculum development, and program demonstration projects. Each federal program description includes: federal agency in charge; authorization (legislative); objectives of program; types of assistance (i.e. formula grants); uses and use restrictions; eligibility requirements; application and award process; assistance considerations; post assistance requirements; financial information; program accomplishments; regulation, guidelines, and literature; and information contacts.

Cost
Free

Publisher
Department of Health, Education and Welfare,
Office of Education, Bureau of Education for
the Handicapped, Washington, D.C. 20202

Additional Information

Title Federal Assistance for Programs Serving the Handicapped

Subject HG Prog Funding

Author

Date
1978

Description
366 page softbound book

Annotation

The resource describes Federal programs and activities which provide assistance or benefits to handicapped people or those working on their behalf.

Cost

Publisher
Office of Handicapped Individuals, 388 D,
Hubert Humphrey Building, 200 Independence
Avenue, Washington, D.C. 20201

Additional Information

50¢

Item Federal Funding News

Category HG
Prog Funding

Description

This is a newsletter on funding published by the National Association of State Mental Health Programs.

Address

National Association of State Mental
Health Programs, 1001 3rd Street, S.W.,
Suite 115, Washington, D.C. 20024

Phone

Additional Information

Item Council on Foundations, Inc., and Foundation Center, Inc.

Category HG
Prog Funding

Description

These organizations provide information and services available to help research potential foundation grants.

Address

888 Seventh Ave., New York, NY 10019

Phone

Additional Information

Item Taft Information Services	Category HG Prog Funding

Description

In addition to the information service, Taft Corporation also publishes Taft Corporate Funding Directory which lists, by state, foundations, funds and trusts which provide funding in a variety of areas. Each entry includes information about purpose and activities and financial data.

Address

Taft Corporation, 1000 Vermont Avenue,
N.W., Washington, D.C. 20005

Phone (800) 424-9477

Additional Information

Title Catalog of Federal Domestic Assistance	Subject HG Prog Funding

Author

Date

Annotation

The catalog lists all federally assisted programs with yearly changes noted. It includes criteria for funding through each of the programs.

Description

Cost

$18.00

Publisher

Office of Business and Management, U.S.
Government Printing Office, Washington,
D.C. 20402

495

Additional Information

CHAPTER 34

National Organizations and Resources

There are several reasons why it is important for a teacher, counselor or advocate of handicapped individuals to be aware of and use the appropriate national organizations and resources. First, these organizations have funds, equipment, contacts and a constituency far beyond the resources of a community college or agencies. National organizations are sometimes able to lend financial support for pressing needs that a locally funded center encounters in implementing career education. National organizations are an excellent resource for up-to-date materials about various aspects of the disability group it represents. Finally, agencies ranging from a one-person operation to complex bureaucratic national organizations need to collaborate on their mutual objectives if they are to achieve the greatest impact on society. This is probably the least concrete or directly observable reason; yet, in the impending days of severe cutbacks for social service agencies it very well may be the most crucial purpose of open networks between organizations. The rationale and mechanism for networking is expanded upon in the LCD Handbook.

What follows is an extensive, though not an exhaustive list of important national organizations and resources. It behooves the user to become involved with any organization that offers him or her some potential assistance. Moreover, and in the spirit of the Resource Guide, investigate other resources that may be of help to you. We wish you good luck in your future endeavors.

Item NINCDS Extramural Research and Research Training Awards In The Neurological, Sensory, and Communication Fields

Category CP Prog Funding

Description

This research report, available free of charge, provides information on research report grants and awards in the neurological, sensory and communicative fields. NINCDS is a research organization which investigates both pre and post natal causes of cerebral palsy. The organization is currently specializing in viral as well as anoxia research. NINCDS funds research and research training awards in neurological, sensory, and communicative fields.

Cross Reference: CP Med Aspects, CP Natl Res

Address

U.S. Department of Health, Education,
and Welfare, National Institute of
Neurological and Communitive Disorders
and Stroke, Bethesda, MD 20014

Phone

Additional Information

This 1977 research report is DHEW Publication NO.(NIH) 77-1401.

Item Fight For Sight, Inc.

Category VI Prog Funding

Description

Fight For Sight was founded in 1946 as The National Council to Combat Blindness, Inc. It has to date funded more than 2,000 awards to some 165 medical colleges, hospitals and eye centers in our nation and 25 foreign countries to help protect and preserve eyesight. Awards are made under the direction of an Advisory Committee composed of leading eye physicians and scientists.

Cross Reference: VI Medical Aspects

Address

Fight For Sight, Inc., 41 West 57th
Street, New York, NY 10019

Phone

Additional Information

Item **American Rehabilitation**

Category HG Natl Res

Description

This journal deals with rehabilitation needs through articles and resource listings. It is the official bi-monthly publication of the Rehabilitation Services Administration. Subscription rate: $11.75 per year, $2.00 per issue.

Address

Rehabilitation Services Administration, 330 C Street, S.W., Washington, D.C. 20201

Phone

Additional Information

Item **American Library Association, Health and Rehabilitation Library Services Division**

Category HG Natl Res

Description

This division can provide information and publications on physical accessibility and design of library services and programs for people with disabilities.

Address

American Library Association, Health
and Rehabilitation Library Services
Division, 50 E. Huron Street, Chicago,
IL 60611

Phone

Additional Information

Item American Institute of Architects

Category HG Natl Org

Description

This is a professional society of architects to serve the needs and improve the capability of the nation's architects and to be of service to the safety and welfare of the public. It sponsors educational programs and public relations campaigns to make people aware of their surroundings and ways to improve them. The Institute is a resource for information about architectural accessibility.

Address

American Institute of Architects, 1735
New York Avenue, N.W., Washington, D.C.
20006

Phone

Additional Information

Item American Association for the Advancement of Science

Category HG Natl Org

Description

This organization seeks to make educators and employers aware that disabled persons can be employed in various areas of science. The AAAS also sponsors the Project on the Handicapped in Science (see HG, Career Opportunities for more information on the project).

Address

American Association for the Advancement
of Science, 1776 Massachusetts Avenue,
N.W., Washington, D.C. 20036

Phone

Additional Information

Item Bureau of Education for the Handicapped

Category HG Natl Res

Description

The Bureau of Education for the Handicapped assists states, colleges, and universities, and other institutions and agencies, in meeting the educational needs of the nation's handicapped children who require special services. It administers programs such as support of training for teachers and other professional personnel; grants for research; financial aid to help states initiate, expand and improve their resources; and media services and captioned films for deaf people.

Address

Bureau of Education for the Handicapped, 400 6th Street, S.W., Donohue Building, Washington, D.C. 20202

Phone

Additional Information

Item Association of Rehabilitation Facilities

Category HG Natl Org

Description

This association is organized to strengthen the resources of rehabilitation facilities. It works to assure that: 1) rehabilitation facilities are properly managed; 2) high professional standards of operations and service are met; 3) training is provided for present and prospective facility personnel; and 4) medical, vocational and psycho/social services provided by rehabilitation facilities are understood, recognized, and supported by various federal and state mandated service-delivery systems.

Address

Association of Rehabilitation Facilities,
5530 Wisconsin Avenue, Suite 955,
Washington, D.C. 20015

Phone

Additional Information

Item Council For Exceptional Children

Category HG Natl Org

Description CEC's principal purpose of is to advance the education of exceptional children and youth. To further this end, it works closely with educators, organizations, school administrators, supervisors, parents and teachers to strengthen and reinforce educational processes for exceptional children. The council provides technical consultation in evaluation and design of programs, procedure and policies for the education of exceptional children. It also provides a variety of training programs for education professionals.

CEC maintains a variety of information services, including the ERIC Clearinghouse on Handicapped and Gifted Children, its own Information Center, and the State-Federal Information Clearinghouse for Exceptional Children that maintains a data bank on state and federal laws, regulations, and litigation involving exceptional children. Customized computer searches of the literature are printed as well as topical bibliographies on popular topics. CEC also offers a variety of publications, as well as professional journals, books, and resource materials. Brochures, fact sheets, and on-site use of the Information Center holdings are provided free of charge; there are fees for other services and for publications.

Address

Council For Exceptional Children, CEC
Information Services, 1920 Association
Drive, Reston, VA 22091

Phone

Additional Information

Item Closer Look

Category HG Natl Res

Description

Common Sense from Closer Look is a publication of the Parents Campaign for Handicapped Children and Youth. This is a publication offering a vast array of information related to the movement for the right of handicapped persons to full citizenry. It explains laws, provides information on services, and serves as an advocate to change laws, attitudes, and barriers. Information packets are available to meet the needs of persons with mental, emotional, and physical disabilities from preschool to young adulthood.

Address

Closer Look, Box 1492, Washington, D.C.
20013

Phone

Additional Information

Item Center for Innovation in Teaching the Handicapped

Category HG Natl Res

Description

Founded at Indiana University as a national research and development agency, the center performs research including studies and evaluation of teacher behaviors and their effect on pupil learning. The center provides graduate training in research and evaluation, special education in-service training programs for school systems, and materials evaluation.

Address

Center for Innovation in Teaching the
Handicapped, 2803 E. Tenth Street,
Bloomington, IN 47401

Phone

Additional Information

Item Center for Handicapped Affairs

Category HG Natl Res

Description

The center's chief activity is information referral. The staff compiles 'who-what-where-how' data on housing, transportation, accessibility, and civil rights. The center is actively involved in outreach.

Address

Center for Handicapped Affairs, 1026 E.
Michigan Avenue, Lansing, MI 48912

Phone

Additional Information

Item Disabled USA

Category HG Natl Res

Description

This monthly publication provides general information on opportunities for handicapped workers, developments in rehabilitation and job placement. To receive this free publication, contact the President's Committee on Employment of the Handicapped.

Address

The President's Committee on
Employment of the Handicapped,
Washington, D.C. 20210

Phone

Additional Information

Item Education Unlimited

Category HG Natl Res

Description

This journal, published six times a year by Educational Resources Center, is geared for use by regular and special educators, counselors, and others interested in the field. The journal focuses on "how to" approaches in education. Subscription rates for 1 year are $12.00 to individuals, $16.00 to libraries, schools, and institutions. Cost of a single issue is $3.50.

"Making It", a regular feature of Education Unlimited, presents brief stories about individuals with disabilities who are actively participating in the mainstream of their communities. The individuals featured have a variety of talents, attitudes, experiences and interests. The articles typically give an overview of their life experiences focusing on those that led to involvement in their careers.

Address

Educational Resources Center, 1834
Meetinghouse Road, Boothwyn, PA 19061

Phone

Additional Information

Item ERIC (Educational Resources Information Center)

Category HG Natl Res

Description

ERIC is a national computerized network of 16 subject-specialized information clearinghouses that index, abstract and disseminate information upon request. Documents are available on microfische and regular print (soft and hardbound). Many university and public libraries have access to ERIC materials. Document abstracts are published in ERIC's monthly journal, Resources in Education. Listed below are several of the ERIC Clearinghouses that may be of interest to readers of the Resource Guide.

ERIC Clearinghouse for Career Education
The Center for Vocational Education
Ohio State University
1960 Kenny Road
Columbia, OH 43210
(614) 486-3655

ERIC Clearinghouse on Handicapped and Gifted Children
Council for Exceptional Children
1920 Association Drive
Reston, VA 22091
(703) 620-3660

ERIC Clearinghouse for Junior Colleges
96 Powell Library
University of California
Los Angeles, CA 90024

(213) 825-3931

Address

ERIC, 1200 Nineteenth Street, N.W.,
Washington, D.C. 20208

Phone (202) 254-5555

Additional Information

Item Disabled American Veterans

Category HG Natl Org

Description

This organization of veterans with service connected disabilities serves disabled veterans and their families. It employs 280 National Service Officers in Veterans Administration Offices across the nation. These officers act as attorneys, free of charge, to provide counseling and processing regarding veteran's benefits and compensation claims. The organization sponsors programs for emergency relief, employment, fund raising and legislation. Publications include a monthly magazine and monthly newsletter.

Address

Disabled American Veterans, 3725
Alexandria Pike, Cold Spring, KY 41076

Phone (606) 441-7300

Additional Information

Title Guidance, Counseling, and Support Services for High School Students With Physical Disabilities

Subject HG Natl Res

Author

Date

Description

457 pages, softbound manual

Annotation This manual assists high school guidance personnel as well as other professionals working with individuals with the following disabilities: visual, hearing, orthopedic, neuromuscular, epilepsy or chronic health conditions. This reference includes the following: strategies for planning, coordination and delivery of services; inservice training; accommodations in instructional services; educational planning; career development and guidance; personal adjustment; vocational assessment and psychometric testing; job placement; parent involvement; and national and state resources. Each topic is discussed in light of pertinent federal legislation (Section 504 and P.L.94-142). The manual also provides information about medical psycho-social and education-related aspects of the various disabilities. It is an excellent resource for postsecondary as well as high school counselors and educators.

Cost

Publisher

Technical Education, Research Centers, 44
Brattle Street, Cambridge, MA 02138

Additional Information

Item Green Pages

Category HG Natl Res

Description

This news magazine provides a large directory of products and services for disabled people. These include exercise equipment, communication aids, eating aids, clothing, automotive equipment, transportation, books, clubs, etc. Information is broken down into service categories and by state.

Pertains to competencies in the Daily Living and Personal-Social domains.

Address

Green Pages, 641 W. Fairbanks, Winter
Park, Florida 32789

Phone

Additional Information

Item Human Resources Center

Category HG Natl Res

Description

The Human Resources Center is a non-profit organization for the education, training, and placement of poeple who are disabled, educably retarded or aged. The center offers programs in employment, education, research, and seminars and training institutes for business.

Address

Human Resources Center, Willets Road,
Albertson, NY 11507

Phone

Additional Information

Item Handicapped Learner Materials Distribution Center

Category HG Natl Res

Description

Materials are available free of charge except for return postage. Materials may be booked up to 14 months in advance; all orders must be placed three weeks prior to the desired use date. If you wish to have an order processed sooner, call the circulation number.

Address

Handicapped Learner Materials Distribution Center, Indiana University, Audio-Visual Center, Bloomington, IN 47405

Phone Circulation (812) 337-1511

Additional Information

Administration (812) 337-0531
The center loans films and audio-visual materials on a range of topics related to handicapped people.

Item Accent on Living, Inc.

Category HG Natl Org

Description

This non-profit organization collects and disseminates information on daily living, recreation, communication, transportation and other areas relevant to the needs of handicapped persons. Among their services is a computerized retrieval system, Accent on Information.

Address

Accent on Living, Inc., Gillum Road and
High Drive, P.O. Box 700, Bloomington,
IL 61701

Phone (309) 378-4213

Additional Information

Item ICD Rehabilitation and Research Center

Category HG Natl Res

Description

The purpose of this international organization is to improve the conditions of handicapped persons through rehabilitation, treatment, training, research and professional education.

Address

ICD Rehabilitation and Research Center,
340 East 24th Street, New York, NY 10010

Phone

Additional Information

Title Access - The Guide to a Better Life for Disabled Americans

Subject HG Natl Res

Author Bruck, Lily

Date 1978

Description
softbound manual

Annotation

This excellent compendium for disabled individuals provides information about how to make better use of resources to obtain needed goods and services in the marketplace. It offers information from special services of government agencies to useful hints on the purchase of goods and services. Included are listings of organizations and special interest groups that can be contacted for more specific inquiry.

Cost

Publisher
Random House, New York

Additional Information

Item INTERFACE

Category HG Natl Res

Description

Interface is a multidisciplinary design firm that provides design and architectural services to special education facilities, physical and developmental rehabilitation facilities, group homes, sheltered workshops, etc. It has specific interests in environmental design considerations for people with hearing, visual, and developmental disabilities. It serves as consultants to HEW, the Association of Rehabilitation Facilities, and the American Association of Mental Deficiency.

Address
INTERFACE, P.O. Box 5688, 814 Wachovia
Building, Raleigh, NC 27607

Phone

Additional Information

Item National Retired Teachers Association/American Association of Retired Persons (NRTA/AARP)

Category HG Natl Org

Description

This national organization has local chapters which have become involved in career education K-12 and beyond, covering the entire life span. For more information consult your local N.R.T.A./A.A.R.P. Chapter for more information.

Address

Phone

Additional Information

Item The National Rehabilitation Information Center

Category HG Natl Res

Description

In addition to its own data base, NARIC searches other data bases such as Psychological Abstracts, National Technical Information Services (NTIS) and Medlars.

Address

The National Rehabilitation Information Center, 308 Mullen, The Catholic University of America, Washington, D.C. 20064

Phone (202) 635-5826

Additional Information

Item National Rehabilitation Association

Category HG Natl Org

Description

NRA facilitates communication between professionals working with disabled youth and adults. Members include counselors, physicians, therapists, vocational evaluators and others concerned with rehabilitation of physically and mentally handicapped people and the socially disadvantaged. The NRA publishes a bi-monthly newsletter and the Journal of Rehabilitation, quarterly.

Address

National Rehabilitation Association,
1522 K Street, N.W., Washington, D.C.
20005

Phone

Additional Information

Item National Media Materials Center for Severely Handicapped Persons

Category HG Natl Res

Description

The center's goals are to locate and retrieve all instructional materials that have been developed concerning severely handicapped persons.

Address

National Media Center, Box 318, Peabody
College, Nashville, TN 37203

Phone

Additional Information

Item National Institute for Rehabilitation Engineering (NIRE)

Category HG Natl Res

Description

NIRE operates a free consumer advisory service to provide handicapped individuals with information regarding rehabilitation services, facilities, products and special aids. It is designed to inform individuals about services and protect from fraud. Specific questions will be answered over telephone only due to limited staff. (source: Barriers and Bridges)

Address

National Institute for Rehabilitation
Engineering (NIRE), Pompton Lakes, NJ
07442

Phone (202) 838-2500

Additional Information

Item National Inservice Network

Category HG Natl Res

Description

The National Inservice Network maintains a descriptive file of projects and products related to inservice training and funded by the Bureau of Education for the Handicapped. The Network collects and shares resources.

Address

National Inservice Network, Indiana
University, 2853 East Tenth Street,
Cottage L, Bloomington, Indiana 47405

Phone (812) 337-2734

Additional Information

Title National Congress of the Rehabilitation of Homebound and Institutionalized Persons

Subject HG Natl Org

Author

Date

Description

Annotation

Cost

Publisher

1522 K Street, N.W., Suite 1120,
Washington, D.C. 20005

Additional Information

Item National Clearinghouse of Rehabilitation Materials

Category HG Natl Res

Description The National Clearinghouse of Rehabilitation Materials, part of the Rehabilitation Counselor Training Program at Oklahoma State University, disseminates selected materials to professionals, especially rehabilitation counselors. Most of the materials disseminated are collected from other sources.

The Clearinghouse also prepares bibliographies, abstracts, or indexes in response to individual requests. Although the collecting of information on career education for the handicapped is not a main focus of the Clearinghouse, its holdings do include a small amount of material on this subject.

The Clearinghouse puts out a quarterly listing of publications available from the Clearinghouse and other sources. Some materials are sent free of charge or on loan; other items may be ordered for a small fee.

When necessary, inquirers will be referred to other information centers. At present, the Clearinghouse is staffed to handle inquiries from professionals only, and therefore does not distribute information to the general public.

Address

National Clearinghouse of Rehabilitation
Materials, Oklahoma State University,
Old USDA Building, Room 115, Stillwater,
OK 74074

Phone (405) 624-7650

Additional Information

Item National Center on Educational Media and Materials for the Handicapped

Category HG Natl Org

Description

The center collects and distributes a wide range of multimedia materials related to handicapped people. The center operates the National Instructional Materials Information System (NIMIS), a computer-based information system. The center also conducts materials and media conferences and workshops, provides technical assistance related to materials development, and publishes a free Newsletter, "Apropos". (source: Barriers and Bridges)

Address

National Center on Educational Media
and Materials for the Handicapped, Ohio
State University, 2540 Olentangy River
Road - Building B, 5th Floor, Columbus,
Ohio 43210

Phone (614) 422-7596

Additional Information

Item International Year for Disabled Persons

Category HG Natl Res

Description

The United Nations General Assembly has proclaimed 1981 the International Year for Disabled Persons. Five principal objectives have been established 1) Help disabled persons in physical and psychological adjustment to society 2) Promote efforts to ensure full integration into society including assistance training, guidance and work opportunities 3) Encourage study and research to facilitate disabled persons participation in daily life, e.g. improving access to public buildings and transportation systems 4) Educate and inform the public of disabled persons rights to participate in and contribute to various aspects of economic social and political life 5) Promote effective measures for prevention of disability and rehabilitation of disabled persons.

Address

"International Year for Disabled
Persons", Division of Social Affairs,
Office P.S.20, Palais des Nations,
CH - 121 Geneva 10, Switzerland

Phone

Additional Information

Item Paralyzed Veterans of America

Category HG Natl Org

Description

This is an organization of honorably discharged veterans who have incurred disease or injury affecting the spinal cord and resulting in paralysis. The organization is involved in a wide range of programs including the following areas: assistance in obtaining Veterans benefits, employment, wheelchair sports, promotion of mass transportation, elimination of architectural barriers, and promotion of legislation to create public housing for paraplegic individuals.

Address

Paralyzed Veterans of America, 4330 East
West Highway, Suite 300, Washington, D.C.
20014

Phone (301) 652-2135

Additional Information

Item Office for Handicapped Individuals

Category HG Natl Res

Description

This office coordinates information for handicapped individuals within the Department of Health, Education and Welfare. It serves as a clearinghouse and advocacy unit. At no charge, the office will answer inquiries about how to locate information, services or benefits. (source: Barriers and Bridges)

Address

Office for Handicapped Individuals,
Department of Health, Education and
Welfare, Washington, D.C. 20201

Phone (202) 245-6644

Additional Information

Item Programs for the Handicapped

Category HG Natl Res

Description

This publication contains articles of interest related to handicapped individuals. It includes resources, news briefs and announcements of current information. It is published every two months by the Office of Handicapped Individuals.

Address

Programs for the Handicapped, Office
for Handicapped Individuals, DHEW,
338D Hubert Humphrey Building, 200
Independence Avenue, S.W., Washington,
D.C. 20201

Phone (202) 245-1961

Additional Information

Item President's Committee on Employment of the Handicapped

Category HG Natl Res

Description

This committee provides public education and information services primarily designed to create attitudes favorable to employment of individuals who are disabled. It will prepare and deliver programs, plans, and information to state and local committees, including plans for local employment programs. Specifically set up to serve state and local groups and professionals, it will provide brochures, pamphlets, or fact sheets; lend films or other audio visual materials; prepare bibliographie indexes, or abstracts in response to certain individual requests; and make referrals to other information sources.

The president's Committee is linked with a nationwide network of governors' and Mayors' Committees at the state and local levels.

As part of the ongoing public awareness campaign, the President's Committee sponsors Employment of the Handicapped Week and many TV and radio spots. It's publications include the following periodicals: Performance, Feedback, Newsletter Committee on Recreation and Leisure and Legislative Memo.

Address

President's Committee on Employment of
the Handicapped, 1111 20th Street, N.W.,
Washington, D.C. 20201

Phone (202) 653-5067

Additional Information

Title A Pocket Guide to Federal Help for the Disabled Person

Subject HG Natl Res

Author

Date 1979

Description 20 pages

Annotation

The guide is geared to be a starting point for handicapped persons searching for services. It outlines the federal support for programs and services of relevance to persons with disabilities.

Cost

Publisher

The Office for Handicapped Individuals,
Office of Human Development Services, Room
338 D, Hubert H Humphrey Building,
Washington, D.C. 20201

Additional Information

Order No. (OHDS) 79-22002

Item People to People Committee for the Handicapped

Category HG Natl Res

Description

In its role as liaison with other organizations, this committee frequently works with the Presidents Committee on Employment of the Handicapped, Goodwill Industries, and the National Easter Seal Society to supply information about handicapping conditions and programs for handicapped individuals to people in America and overseas. The committee publishes the Directory of Organizations Interested in the Handicapped, which lists descriptions of organizations concerned with the techniques, training, treatment, devices, and procedures utilized to help handicapped individuals help themselves.

Address

People to People Committee for the
Handicapped, La Salle Building, Suite
610, Connecticut Avenue and L Street,
N.W., Washington, D.C. 20036

517

Phone

Additional Information

Title RSA Programs

Subject HG Natl Res

Author

Date 1977

Description

Annotation

This booklet by the Rehabilitation Services Administration provides an introduction to the State-Federal Rehabilitation programs. All aspects of the program are sketched including services and places to contact for additional information and aid. Includes specific information for blind/deaf individuals.

Cost

Publisher

Department of Health, Education, and
Welfare, Washington, D.C. 20201

Additional Information

Item Rehabilitation Services Administration

Category HG Natl Res

Description

RSA is charged with the rehabilitation of handicapped individuals through state departments of vocational rehabilitation, the 19 Rehabilitation Research and Training Centers, the Regional Resources Centers, and Research and Demonstration grants to benefit further services to handicapped people.

Address

Rehabilitation Services Administration,
330 C Street, Washington, D.C. 20201

Phone

Additional Information

Item Rehabilitation International, USA

Category HG Natl Org

Description

This independent national voluntary organization offers assistance to disabled persons worldwide by providing a link between the U.S. rehabilitation community and rehabilitation activities in other countries. The organization is concerned with the following topics: education of handicapped people and those working with them, all aspects of training and employment of handicapped people, employment of persons working with handicapped people, recreation and physical education, daily living activities, and special equipment and aids.

Address

Rehabilitation International, USA, 20
W. 40th Street, New York, NY 10018

Phone

Additional Information

Item Rehabilitation Gazette

Category HG Natl Res

Description

This is an international journal and information service on independent living for the disabled. The annual issue contains a wide assortment of specialized information for individuals with all types of disabilities, for professionals who work with them, and for institutions that serve them.

Address

Rehabilitation Gazette, 4502 Maryland
Avenue, St. Louis, MO 63108

Phone

Additional Information

Cost of the annual issue is $3.50 for disabled persons, $6.00 for non-disabled persons.

Item Rehabilitation Digest	Category HG Natl Res

Description

This quarterly journal, covers topics related to medical and technological aspects of rehabilitation especially as they relate to physically disabled people.

Address

CRCD, Suite 2110, One Yonge Street,
Toronto, Ontario M53 1E8

Phone

Additional Information

Item Rehabfilm Newsletter	Category HG Natl Res

Description

This newsletter lists and reviews the latest films in rehabilitation education, special education, medicine, etc.

Address

Rehabfilm Newsletter, 20 W. 40th Street,
New York, NY 10018

520

Phone

Additional Information

Title Ready Reference Guide. Resources for Disabled People: A Handbook for Service Practitioners and Disabled People

Subject HG Natl Res

Author

Date 1977

Description

Annotation

Cost

Publisher

Department of Health, Education and
Welfare, Rehabilitation Services
Administration

Additional Information

Rehabilitation Services Administration,
330 C Street, Washington, D.C. 20201

Title Publications and Audiovisual Aids Directory of the Rehabilitation Research and Training Center

Subject HG Natl Res AV

Author

Date 1978

Description

542 pages

Annotation

Part I of this directory, contains a bibliography of publications grouped by Research and Training Centers. Part II is devoted to a current listing of audiovisuals developed or used by the R & T Centers in their respective training programs. The AV products are grouped into categories: audiotape, film, slide, overhead transparency, filmstrip, videotape and other. Core areas contained in the directory include: orthotics - prosthetics, neuromuscular diseases, behavioral science, cardiopulmonary, bioengineering and regional spinal cord injury center.

Cost

Publisher

Rehabilitation Services Administration,
Office of the Assistant Secretary for Human
Development Services, Department of Health,
Education, and Welfare, Washington, D.C.
20201

Additional Information

Item Society for the Rehabilitation of the Facially Disfigured, Inc.

Category HG Natl Org

Description

The organization was founded in 1951 to provide surgical and rehabilitation services to patients suffering facial disfigurements from congenital malformations, accidents, disease, or severe burns. It supports the Institute on Reconstructive Plastic Surgery at the New York University Medical Center and several affiliated plastic surgery clinics in New York. The society also maintains a referral service.

Address

Society for the Rehabilitation of the
Facially Disfigured, Inc., 550 1st Ave.,
New York, NY 10016

Phone

Additional Information

Item United Cerebral Palsy Associations

Category CP Natl Org

Description

This nationwide voluntary organization is devoted exclusively to the multiple problems of persons with cerebral palsy. Working nationally and through local and state associations, it provides direct services, public education programs, advocacy, funding of research, and the training of professional and scientific manpower. The Association collects and disseminates general information about cerebral palsy and specific information about employment of people with cerebral palsy, housing, transportation, health, recreation and physical education, and professional education of persons dealing with people who have cerebral palsy. The organization can make referrals to local associations and answer information requests by phone or mail. Some publications, films and public and professional education materials are available; some fees are charged. The slide cassette presentation, "The UCP Story" (10 minutes), is available for loan or for purchase ($35.00). It provides a graphic interpretation of UCP's goals and services in meeting the lifelong needs of individuals with cerebral palsy.

Address

United Cerebral Palsy Associations,
66 East 34th Street, New York, NY
10016

Phone

Additional Information

Title A Guide For An Information, Referral And Follow-Along Service In A United Cerebral Palsy Affiliate.

Subject CP Natl Res

Author

Date

Description

34 page booklet

Annotation

This guide gives information on how to set up an affiliate organization to serve those with Cerebral Palsy throughout their lifetimes giving information, referral and follow-along assistance.

Cost

free

Publisher

United Cerebral Palsy Associations, Inc.,
66 East 34th Street, New York, NY 10016

Additional Information

Item Caucus of Adults with Cerebral Palsy

Category CP Natl Org

Description

This national consumer organization represents the interests of adults with cerebral palsy. The caucus believes it can serve these interests best by joining with others to form a united front and working towards its common objectives in all areas of living. The caucus can provide consumer input for compliance planning, or refer institutions to other organizations of consumers in local communities.

Address

Caucus of Adults with Cerebral Palsy,
% UCPA of New York City, Inc., 122 E.
23rd Street, New York, NY 10010

Phone

Additional Information

Item The American Academy for Cerebral Palsy and Developmental Medicine

Category CP Natl Org

Description

This is a professional organization representing 19 different specialties in the field of cerebral palsy. It is involved in evaluation of treatment methods, presentation of awards and allotment of research grants.

Address

American Academy for Cerebral Palsy and
Developmental Medicine, c/o James E.
Bryan, 1255 New Hampshire Avenue, N.W.,
Washington, D.C. 20036

Phone

Additional Information

Title Epilepsy Rehabilitation

Subject Ep Natl Res

Author Wright, George N. (Ed.)

Date 1975

Description

book

Annotation

This excellent comprehensive book provides information in the following areas: medical aspects, legal considerations, psychosocial factors and evaluation, personal adjustment counseling, vocational counseling, job placement, vocational rehabilitation and voluntary health programs.

Cost

$11.00

Publisher

Little, Brown and Company, Boston,
Massachusetts

Additional Information Available from:

Epilepsy Foundation of America (not from
local chapters). 1828 L Street, N.W.,
Washington, D.C. 20036

Item Epilepsy Foundation of America

Category Ep Natl Org

Description

This national agency for people with epilepsy sponsors a wide variety of programs and activities, provides general information about epilepsy and specific information and referral in the following: education, employment, housing, transportation, health, psycho/security, recreation and physical education, daily living activities, equipment devices and aids, civil rights and legislation, and research. The foundation will refer inquirers to local chapters. Both the national office and local chapters provide information and referral services and some local chapters provide direct services. Most information is free of charge.

Address

Epilepsy Foundation of America, 1828
L Street, N.W., Suite 406, Washington, D.C. 20036

Phone (202) 293-2930

Additional Information

Item National Epilepsy League

Category Ep Natl Res

Description

Address

National Epilepsy League, 6 North
Michigan Avenue, Chicago, IL

Phone

Additional Information

Item National Association of the Deaf

Category HI Natl Org

Description

This organization of deaf, deaf-blind and hearing-impaired individuals seeks to bring deaf persons in contact with one another and to support their needs. NAD's goals include serving deaf persons and promoting their unique needs in legislation, education, communication, health, and fighting discrimination in insurance and employment. In addition it serves as a publisher and a clearinghouse of information relating to deafness, and on-site use of its materials is permitted. It can serve as an information source to health, social service, and educational institutions on the needs of deaf persons in areas such as auxilliary aids, employment, awareness and insurance. It will answer inquiries, send brochures and other publications and make referrals. No fees are charged for services.

Address

National Association of the Deaf, 814
Thayer Avenue, Silver Spring, MD 20910

Phone

Additional Information

Item National Association for Hearing and Speech Action

Category HI Natl Org

Description

This organization is dedicated to promoting the interests of persons with hearing and speech impairments. Its major goals are to enhance public understanding, to provide direct assistance to hearing and speech agencies, to foster needed social action, and to launch a program of prevention.

Address

National Association for Hearing and
Speech Action, 814 Thayer Avenue,
Silver Spring, MD 20910

Phone

Additional Information

Item John Tracy Clinic

Category HI Natl Res

Description

This clinic, founded in 1942, provides services to deaf and deaf-blind children, adults and their families. It also conducts research in the etiology and physiology of deafness. Home study courses for parents of deaf children or deaf-blind children are available through the clinic.

Address

John Tracy Clinic, 806 West Adams
Boulevard, Los Angeles, CA 90007

Phone

Additional Information

Item American Speech and Hearing Association

Category HI Natl Org

Description

This membership organization is for professionals in such fields as speech and language, pathology, audiology, and speech and hearing research. Goals include maintaining high standards of clinical competence for professionals, encouraging the development of comprehensive clinical service programs, and stimulating exchange of information on communication impairment. This is a source of descriptive information about handicapping conditions in areas such as education, including the formal education of disabled individuals and of personnel working with them, employment of people in the field of speech and hearing, and certification of individuals, clinics and training programs. It can provide health, social service, and educational institutions with guidance on the special adaptive equipment needed to accommodate hearing impaired and deaf individuals. In addition, it can make referrals to other information sources and to local professionals working in the field. Publications are available. There is a fee for services.

Address

American Speech and Hearing Association,
9030 Old Georgetown Road, Washington,
D.C. 20014

Phone

Additional Information

Item Hearing Aid Discounts

Category HI Natl Res

Description

Alexander Graham Bell Association (AGB) has a cooperative discount plan with more than 425 hearing aid dispensers in over 330 cities throughout 46 states. A discount (up to 40%) off the manufacturer's suggested retail price will be offered. This discount is available to persons holding individual AGB memberships, and their dependents. Cost of AGB membership is $25.00 per year.

Address

Alexander Graham Bell Association for
the Deaf, 3417 Volta Place, N.W.,
Washington, D.C. 20007

Phone TTY and Voice (202) 337-5220

Additional Information

Item Alexander Graham Bell Association for the Deaf

Category HI Natl Org

Description

The Alexander Graham Bell Association (AGB), founded in 1892, disseminates information concerning hearing impairments and promotes speech and lip reading. A discount plan for hearing aids is available to AGB members. Membership costs $25.00 per year.

Address

Alexander Graham Bell Association for
the Deaf, 3417 Volta Place, N.W.,
Washington, D.C. 20007

Phone

Additional Information

HI Natl Res

Federal Government TTY Numbers

Architectural and Transportation Barriers Compliance Board (concerned with compliance of accessibility of federal buildings)	202-245-1801
Community Services Administration (information on grants for community service projects e.g. Headstart)	202-245-5235
Department of Commerce, Law Reference Library	202-377-5588
HEW, Office for Civil Rights (handles complaints filed under Section 504)	202-472-2916
HEW, Office of Information and Resources (information on government agencies that do not have TTY)	202-245-0574
HEW, Office of Deafness and Communicative Disorders (liaison to organizations, agencies and institutions concerned with deaf)	202-245-9574
HEW, Research Projects Branch	202-472-1757
HUD, Office of Independent Living for Disabled	202-755-5709
National Park Service, Community Services	202-472-5264
Department of Labor, Office of Federal Contracts Compliance Program (Administers Section 503)	202-523-9512
Department of Treasury, Bureau of the Public Department	202-634-5688
Federal Communications Commission, Consumers Affairs Officers	202-632-6999
General Services Administration, Office of Federal Register	202-523-5239
Internal Revenue Service (all states except Indiana)	800-428-4732
(Indiana)	800-382-4059
President's Committee on Employment of the Handicapped	202-653-5337
U.S. Consumer Product Safety Commission (except Maryland)	800-638-2690
(Maryland)	800-492-2938
U.S. Senate	202-224-3997
U.S. House of Representatives	202-224-2793
Smithsonian Institution Museum of History and Technology	202-381-4233
White House Presidential Comments Office	202-456-6213
White House Visitor's Office, Tour Arrangements	202-456-2216

Other National Organizations and Resources Related to Hearing Impairment in the Resource Guide

American Athletic Association of the Deaf (see HI Leisure & Rec)

Galluadet College (see HI Coll & Univ)

Hearing Dog Program (see HI Daily Liv)

International Association of Parents of the Deaf (see HI Parents/Family)

International Committee of the Silent Sports (see HI Leisure & Rec)

Junior National Association of the Deaf (see HI Coll & Univ)

National Center for Law and the Deaf (see HI Legislation)

National Theatre of the Deaf (see HI Career Opp & Decision Mak)

Registry of Interpreters for the Deaf (see HI Communication)

Teletypewriters for the Deaf, Inc. (see HI Communication)

Item American Association on Mental Deficiency

Category MR Natl Org

Description

This organization is comprised of about 10,000 members including physicians, educators, administrators, psychologist, psychiatrists, social workers, students and others interested in the welfare of persons who are mentally retarded. The organization is involved in studying the causes, treatment and prevention of mental retardation. It published two bimonthly publications: American Journal of Mental Deficiency and Mental Retardation.

Address

American Association on Mental
Deficiency, 5201 Connecticut Avenue,
N.W., Washington, D.C. 20015

Phone

Additional Information

Item National Association for Retarded Citizens

Category MR Natl Org

Description

NARC has approximately 200,000 members including 50 state and 1,500 local groups. This organization consists of parents, professionals and others working on local, state and national levels to promote treatment, research, public awareness, legislation and parent counseling. NARC is an excellent source of a wide variety of materials related to all aspects of mental retardation. Many of the materials are available free or for a nominal charge.

Cross Reference: MR Advocacy

Address

National Association for Retarded Citizens, 2709 Avenue E East, P.O. Box 6109,
Arlington, TX 76011

Phone (817) 261-4961

Additional Information

Item National Association for Down's Syndrome	Category MR Natl Org

Description

This is primarily a local organization of parents of children with Down's Syndrome and others interested in their welfare. The association maintains a speakers bureau and publishes a bi-monthly newsletter and a brochure.

Address

National Association for Down's Syndrome,
P.O. Box 63, Oak Park, IL 60303

Phone

Additional Information

Item President's Committee on Mental Retardation	Category MR Natl Org

Description

The President's Committee's principal programs and activities relate to the legal rights of retarded people, to promotion of early intervention, and provision of federal, state, and local efforts to support activities on mental retardation. The committee publishes many materials related to mental retardation. Many of the materials are available free or for a nominal charge.

Address

President's Committee on Mental
Retardation, 7th and D Streets, S.W.,
Washington, D.C. 20201

Phone (202) 245-7634

Additional Information

Item Special People in the Northeast

Category MR Natl Res

Description

This organization was founded by parents of mentally retarded children to provide a range of social, recreational, vocational and educational programs. It is a service provider for moderately, severely and profoundly retarded people and their family members. The organization can offer information services and materials to health, social service, and education institutions, and is willing to undertake such activities as needs assessments of plants and programs, long-term consultation, and workshops. Its sheltered workshop trains mentally retarded people so that they can enter the competitive job market.

Address

Special People in the Northeast, 8040
Roosevelt Boulevard, Suite 219, Philadelphia, PA 19152

Phone

Additional Information

Item Programs for Exceptional People

Category MR Natl Res

Description

This organization provides vocational, social, recreational, and academic opportunities for mentally retarded children and adults. Although orientation is toward client services, it also provides general advice and guidance to all categories of HEW recipients on such employment-related issues as evaluation of job requirements, sensitization of employees, and vocational counseling of mentally retarded people. The organization will respond to telephone inquiries, make referrals to other sources of information and assistance, and sponsor workshops. Staff members and its parent advocate group will serve on advisory committees. No fee for services.

Address

Programs for Exceptional People, 2611
S. Broad Street, Philadelphia, PA
19148

Phone

Additional Information

Item Blinded Veterans Association

Category VI Natl Org

Description

This association assists blinded veterans in overcoming problems in education, employment and daily living.

Address

Blinded Veterans Association, 1735
DeSales Street, N.W., Washington, D.C.
20036

Phone

Additional Information

70

Item Lions International

Category VI Natl Res

Description

Provides general information on disabling conditions, recreation and physical education, and equipment/aids. This organization is particularly involved in the area of visual impairment.

Address

Lions International, York & Cermak
Roads, Oak Brook, IL 60521

534

Phone

Additional Information

Other National Organizations and Resources Related to Orthopedic Handicaps in the Resource Guide

American Wheelchair Bowling Association (see OH Leisure & Rec)

American Wheelchair Pilots (see OH Leisure & Rec)

Division for Blind and Physically Handicapped, Library of Congress (see HG Natl Res)

Harold Russell Associates (see HG Mobility)

McGaughan & Johnson (see HG Mobility)

Mobility on Wheels (see HG Mobility)

National Wheelchair Athletic Association (see OH Leisure & Rec)

National Wheelchair Basketball Association (see OH Leisure & Rec)

National Wheelchair Marathon Committee (see OH Leisure & Rec)

National Wheelchair Softball Association (see OH Leisure & Rec)

Noakes Associates (see HG Mobility)

Rambling Tours (see OH Leisure & Rec)

Wheelchair Motorcycle Association (see OH Leisure & Rec)

Wheelchair Pilots Association (see OH Leisure & Rec)

Item National Braille Association

Category VI Natl Org

Description

This is a volunteer organization geared toward preparation, coordination and distribution of books and other educational materials for blind and visually impaired students and adults. The NBA also prepares vocational materials for blind professionals. The NBA Braille Book Bank provides college students with braille copies of over 1,000 titles and will transcribe additional requests when possible. NBA also sponsors national conferences and workshops.

Address

National Braille Association, 85
Goodwin Avenue, Midland Park, NJ
07432

Phone

Additional Information

Item National Association For Visually Handicapped

Category VI Natl Org

Description

This national voluntary health agency is solely devoted to partially seeing adults and children. It was founded to help these individuals to use their residual vision to maximize their educational, professional, and social potential.

Address

National Association For Visually Handicapped, Regional Office, 305 East 24th
Street, New York, NY 10010

Phone NY--(212) 889-3141; CA--(415) 221-3201

Additional Information

National Association For Visually Handicapped, Regional Office, 3201 Balboa Street,
San Francisco, CA 94127

Item National Accreditation Council for Agencies Serving the Blind and Visually Handicapped

Category VI Natl Org

Description

This council develops standards and administers a voluntary system of accreditation for approximately 400 agencies at the state, local, and national levels. These agencies provide direct services to more than a million blind and visually handicapped people.

Address

National Accreditation Council for Agencies Serving the Blind and Visually Handicapped, 79 Madison Avenue, New York, NY 10016

Phone

Additional Information

Item Helen Keller International

Category VI Natl Org

Description

An organization with three main objectives: to prevent blindness, particularly among preschool children in developing countries; to educate blind children, with emphasis on their studying side-by-side with sighted children in regular schools; and to rehabilitate blind adults so they may lead independent, useful lives in their homes and communities. Helen Keller International concentrates its efforts in developing nations to strengthen each country's ability to meet the needs of blind citizens and develop preventive programs.

Address

Helen Keller International, Inc. (formerly American Foundation for Overseas Blind), 22 West 17th Street, New York, NY 10011

Phone (212) 620-2100

Additional Information

Item Division for the Blind and Physically Handicapped Library of Congress

Category VI Natl Res

Description

This division provides full length books and magazines on cassettes or in braille to readers unable to use standard materials. Through a network of regional libraries, materials are mailed to eligible users. Also has an information service.

Address

Division for the Blind and Physically Handicapped, Library of Congress, 1291 Taylor Street, N.W., Washington, D.C. 20542

Phone (202) 882-5500

Additional Information

Title Blindness 1977-78

Subject VI Natl Res

Author

Date 1978

Description

215 page softbound book

Annotation

This is the 13th issue of an annual published by the American Association of Workers for the Blind. The articles primarily consist of papers presented at the 1977 Bicentennial Convention of AAWB. Topical areas include: development of policies in the United States and Canada for services to the visually handicapped, changing populations of the blind, low vision and its implications, needs assessment, consumer participation, the teaching function, and miscellaneous.

Cost

$4.00

Publisher

American Association of Workers for the Blind, Inc., (AAWB), 1511 K Street, N.W., Washington, D.C. 20005

Additional Information

Item American Foundation for the Blind

Category VI Natl Org

Description

The American Foundation for the Blind publishes books, magazines, and leaflets in inkprint, large type, recorded, and braille (limited). The foundation manufactures and sells special aids and appliances, records and manufactures talking books, and conducts research in the area of blindness. Legislative consultation and an extensive library on blindness are additional services. AFB's services are on the state, regional, and/or national level. AFB publishes a quarterly newsletter (free) in print or braille, and publishes an annual report each fall (free). Individuals can subscribe ($12.00 per year) to the AFB publication series entitling them automatically to receive AFB free publications and others at one-half price. Mailings occur four times each year.

Address

American Foundation for the Blind, 15
W. 16th Street, New York, NY 10011

Phone (212) WA4-0420

Additional Information

Item American Council of the Blind

Category VI Natl Org

Description

National organization primarily composed of blind people, its goals are to: 1) provide a forum for the views of blind persons; 2) elevate the social, economic and cultural level of blind individuals; 3) improve educational and rehabilitational facilities and broaden vocational opportunities; 4) encourage and assist blind persons in developing their abilities, potentialities and in assuming their responsible place in the community; 5) cooperate with public and private institutions and agencies of and for blind persons; 6) provide for a free exchange of ideas and information relative to matters of concern to blind people through publication; and 7) conduct a program of public education aimed toward improving the understanding of the problems of blindness and of the capabilities of blind people. The council is a source of information on the following subjects related to blindness: education, employment including the special needs of blind employees transportation, health, auxiliary aids, etc. The council will answer inquiries by phone or letter and will provide referral services to local organizations and service providers. Staff will appear at conferences, and provide consultative services to other organizations.

Address

American Council of the Blind, 1211
Connecticut Avenue, N.W., Washington,
D.C. 20036

Phone

Additional Information

54

Item American Association of Workers for the Blind

Category VI Natl Org

Description

This organization promotes the development and improvement of public and private services to blind persons of all ages. The association has general information about the handicapping conditions as well as information in education, including the formal education of visually impaired individuals and the education of personnel serving them, employment, including vocational rehabilitation and training, transportation, activities of daily living, and equipment/special devices/aids.

The AAWB also offers the following publications: The Bauman report ($1.00) on tests used in psychological evaluation and counseling of visually impaired persons, Blindness Annual ($4.00 or free to members) and News & Views (free to members).

Address

American Association of Workers for the
Blind, 1511 K Street, N.W., Washington,
D.C. 20005

Phone (202) 347-1559

Additional Information

A set of 12 issues of Blindness from 1964 to 1976 is available for $15.00. Single issues before 1976 are available at $1.50 each.

Item Research to Prevent Blindness

Category VI Natl Org

Description

This organization has been particularly active through its extensive research grants and through its role in the development of the National Eye Institute of the National Institutes of Health.

Address

Research to Prevent Blindness, 598 Madison
Avenue, New York, NY 10022

Phone

Additional Information

CHAPTER 35
BIBLIOGRAPHIES

Other Bibliographies in the Resource Guide that Relate to Handicapped/General

Attitudes and Disability: A Selected Annotated Bibliography (see HG Attitudes)

Books about Handicaps: For Children and Young Adults (see HG Attitudes)

Career and Vocational Development of Handicapped Learners: An Annotated Bibliography (see HG Voc-Occ)

Career Education for Persons with Handicaps: A Bibliography (see HG Career Dev)

Career Education - 1978: A Bibliography of Vocational Education Resource Materials (see HG Career Dev)

Client and Counselor Attitudes in a Rehabilitation Setting: A Selected Annotated Bibliography (see HG Coun Tech)

The Disabled and Related Need Areas (see HG Daily Liv)

Disability Attitudes: a Film Index (see HG Attitudes)

1978-79 International Directory of Access Guides: An Aid for Disabled and Elderly Travelers (see HG Mobility)

Job Placement and Adjustment of the Handicapped: An Annotated Bibliography (see HG Placement)

Law and Disability: A Selected Annotated Bibliography of Articles in Legal Periodicals (see HG Legislation)

A Readers Guide for Parents of Children with Mental, Physical or Emotional Disabilities (see HG Parents/Family)

Sex and Disability: A Selected Annotated Bibliography (see HG Sexuality)

Small Group Homes for the Handicapped and Disabled: An Annotated Bibliography (see HG Housing & Home Mgmt)

Special People Behind the Eight-Ball (see HG Parents/Family)

Vocational Instructional Materials for Students with Special Needs (see HG Voc Training)

Title The Selective Guide to Audiovisuals for Mental Health and Family Life Education

Subject HG Bibliog

Author Mental Health Materials Center (eds.)

Date 1979

Description 550 pages

Annotation

The fourth edition of this guide, released June, 1979, contains evaluations and order information on 386 of the most highly rated films, filmstrips, videotapes, and audiocassettes in the area of child growth and development, adulthood, and areas of special concern.

Cost $24.50

Publisher
Marquis Who's Who, Inc., 200 East Ohio
Street, Chicago, IL 60511

Additional Information

Title Rehabilitation for Independent Living - A Selected Bibliography

Subject HG Bibliog

Author

Date 1978

Description

Annotation

Cost

Publisher

Additional Information Available from:

President's Committee on Employment of
the Handicapped, 1111 20 Street, N.W.,
Washington, D.C. 20210

Title ILRU Technical Assistance Products and Materials, An Annotated Bibliography

Subject HG Bibliog

Author

Date 1979

Description

Annotation

This is an annotated bibliography of current projects, programs, and centers, concerning independent living for severely handicapped people.

Cost

Publisher

The Institute for Rehabilitation and Research, Texas Medical Center, 1333 Moursund Avenue, Houston, TX 77030

Additional Information

Telephone: (713) 797-1440

Title Annotated Bibliography on Living Arrangements

Subject CP Bibliog

Author

Date 1979

Description

Annotation

This resource list includes references on accessibility, family life skills, funding, housing design, planning, zoning, and respite care for the person with cerebral palsy.

Cost

free limit 5 copies

Publisher

United Cerebral Palsy Associations, Inc.,
66 E 34th Street, New York, NY 10016

Additional Information

Title Bibliography on Mental Retardation

Subject MR Bibliog

Author

Date 1978

Description

Annotation

This bibliography can serve as a basic reading list for community colleges, public libraries, secondary schools, etc. Annotated, NIMR National Reference Service.

Cost

$.50

Publisher

Additional Information Available from:

Publications, Canadian Association for the Mentally Retarded, Kinsmen NIMR Building, York University Campus, 4700 Keele Street, Downsview (Toronto), Ont. M3J 1P3

Title A Selected Annotated Bibliography for Parents and Siblings of Mentally Retarded Persons

Subject MR Bibliog

Author

Date

Description

Annotation

Cost

Publisher.

National Association for Retarded Citizens,
NARC Research and Demonstration Institute,
2709 Avenue E East, Arlington, TX 76011

Additional Information

Title Bibliography on Integrating Retarded Students Into Regular Schools

Subject MR Bibliog

Author

Date 1978

Description

Annotation

A selected annotated bibliography, NIMR National Reference Service.

Cost

$1.50

Publisher

Additional Information Available from:

Publications, Canadian Association for the Mentally Retarded, Kinsmen NIMR Building, York University Campus, 4700 Keele Street, Downsview (Toronto), Ont. M3J 1P3

Title Bibliography of Resources in Sex Education for the Mentally Retarded

Subject MR Bibliog

Author

Date

Description

Cross Reference:
MR Sexuality

Annotation

Cost

Publisher

Sex Information and Education Council of the U.S., 72 Fifth Avenue, New York, NY 10011

Additional Information